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Original Articles.

KELOID FOLLOWING BURNS.

By John V. Shoemaker, M.D., LL.D.,

Professor of Skin and Venereal Diseases in the
Medico-Chirurgical College and Hospital, Phila-
delphia.

A DISTRESSING consequence of severe burns came under my observation some time ago in the form of extensive keloid growths. The patient was a white man, fifty-three years of age, a miner by occupation, who had been burnt six months previously in a mine explosion. He fell upon his left side, throwing up his right arm in order to protect his face. For this reason the most extensive lesions are upon the right side. He did not lose consciousness at the time of the accident. His burns were treated in a hospital near his home.

The following notes describe the lesions existent when the patient was first seen by the writer:

Present Condition.—Face—Keloid growths exist upon the right side of the face, upon the forehead near the hairy scalp, in front of each temple and upon the right ear. There is a linear lesion behind the right ear. The tumors are all rather small, hard, dense and inelastic. Upon the left side there is a growth in front of the ear and another upon the auricle. A growth is found also upon the back of the neck.

Right Shoulder—A very large patch, corresponding closely to the outline of the scapula, occupies the shoulder. An offshoot extends outward over the deltoid region. The affected surface is of

a dull red color. The lesions are hard and somewhat raised above the surface. This large lesion is surrounded by a few nodular growths of the same character. It is the seat of constant sharp, darting pain, which he compares to electric shocks. The pain causes incessant twitching or shrugging movements of the shoulders and robs the man of sleep.

Left Shoulder—Over the upper border of the scapula is a patch of an irregular shape and about two inches in diameter. Below this patch are four or five nodular lesions.

Right Arm—A little below the shoulder upon the surface of the arm is a keloid tumor. A similar lesion, rather square in outline and about one and one-half inches in diameter, is present upon the outer side of the arm half way between the shoulder and elbow.

Right Hand—From the wrist to the finger tips the skin of the back of the hand is transformed into a hard, dull red, rough, ridgy cicatrical tissue. The patient is able only slightly to flex the fingers.

Left Hand—Upon the dorsum is a growth similar in every respect to that of the opposite member, but a little less extensive. The thumb, for instance, is spared, except for a line of keloid upon the inner side of its dorsal surface and corresponding to the length of the phalanges. Upon the back of the fourth and fifth fingers the lesions are not quite as complete as those upon the right hand. The man can move the fingers but little. Both hands are painful and tremulous.

Such a case as the foregoing involves a consideration of burns and their consequences, as well as the nature of keloid.

According to the degree of heat, the length of contact and the nature of the heated substance, the effect differs widely in severity. In burns of the first degree, or erythematous burns, the surface is reddened and somewhat swollen. They are followed by some desquamation, but there is no destruction of the corium. Burns of the second degree, or the bullous variety, cause vesication, but the corium escapes deep injury, and, therefore, there is but little scarring. In burns of the third degree, however, or the escharotic variety, the skin is destroyed, and perhaps much of the subcutaneous tissue shares the same fate. Consequently, if the injury is not mortal, repair must take place by the process of cicatrization. Peculiarities of the scar due to burns depend upon the extent, depth and situation of the injury. A scar is nature's effort to reproduce tissue which has been destroyed. It is but a partial success, for the cicatrix is never the structural equal of the tissue whose place it takes. The scar is what has been called an analogous tissue. Its characteristics are essentially the same, whether situated upon the integument or in the parenchyma of a viscus. It consists of fibrous tissues. This is an elemental tissue and constitutes a substratum of the more highly developed and specialized organs. Cicatricial tissue, when fully formed, consists principally of fibers and contains few cells. As the cells disappear the fibers exhibit a marked tendency to contraction. The scanty blood vessels of scar tissue are compressed by the shrinkage of the fibers, and the surface is, therefore, pale.

The glands of the skin are not regenerated in the process of cicatrization. The scar is more lowly organized than the tissue for which it is a substitute. This feature of its constitution renders the scar liable to degeneration. It falls a more easy victim, for instance, to traumatism than does a more highly-developed structure.

The rapid spread of burns, the extent of surface often involved and the situation in which they may occur, together with the contractile tendency of cicatricial tissue, explain the frightful deformities which may result from burns of the

third degree. The head may be drawn downward to the shoulder or breast, the joints may be ankylosed, the fingers flexed or webbed, and the hands, in fact, rendered entirely useless. The present patient has been in this way incapacitated by crippled fingers.

Individual scars often have features of their own by which their cause may be identified. The scar of a successful vaccination is thoroughly typical and can be recognized at a glance. The cicatrices left by ulcerative lesions of late syphilis usually possess a distinctive physiognomy which is frequently of value in the diagnosis of the visceral manifestations. Obscure cerebral or hepatic disorders, for instance, may receive a clue to their explanation by the presence upon the surface of syphilitic cicatrices. The scars due to ulcerated scrofulous glands possess distinctive characteristics by which we are able to determine their origin without a question asked. The scars of lupus upon the face may usually be ascribed to their proper cause. To come nearer to our present subject, the cicatrix of a burn is generally of characteristic aspect.

By an obvious distinction scars are subdivided into those which are plane with, those which are depressed below, and those which are raised above the surface. Of these three varieties, the third, or hypertrophic cicatrix, approaches most closely to the features of a keloid growth. Both are somewhat elevated above the surface, both are composed of fibrous tissues, both are hard and dense. The resemblance, in fact, is so close that some writers make no distinction between the two lesions.

In order to separate hypertrophic scars from keloid it is necessary to study the features of the latter disease.

Keloid is a neoplasm of the corium, formed of fibrous filaments, closely packed together, and for the most part disposed parallel to the long axis of the tumor. When first observed by the patient the growth is small, about the size of a pea or bean, hard, and slightly elevated above the surface. As a rule, there is in the beginning but a single tumor, but others may subsequently develop. The tumor or tumors grow slowly in

size, and as they enlarge are liable to assume various shapes. A very usual form is an oval outline, but the growth may be elongated, spread out in a patch or arranged in the form of a band or ridge. As keloids extend nodules of the same nature are apt to arise along the borders of the main tumors. This feature of the disease is illustrated in the case under discussion.

In progress of time spurs of fibrous tissue often project outward from the main growth, producing a crab-like outline. The progress of the growths is slow, and they may continue to enlarge for years before they attain their maximum. They are very variable as regards size. Some tumors are of enormous dimensions.

Keloid growths are differentiated among themselves according to their mode of origin. One large class, in which belongs the present case, is the result of some form of injury. The severity of the injury which may give rise to keloid varies within extremely wide limits. It may follow a trifling scratch, a blow from a whip, the irritation of a blister, etc., or it may develop upon the site of a wound or deep burn.

In a second class the keloid tumor appears to originate spontaneously, and for that reason is known as idiopathic, or true keloid. It has often been suspected, however, that cases of this variety have their point of departure in some slight form of cutaneous irritation, as, for instance, the lesion of acne. It is obvious that there must be a predisposition in some patients to the occurrence of keloid, since such insignificant accidents are sometimes followed by the growth, while in the vast majority of individuals no deleterious consequence would spring from an equivalent injury. It has long been observed that the negro is peculiarly susceptible to keloid. In this race, especially, it occurs as a result of slight wounds.

One important difference exists between idiopathic keloid and cicatricial tissue. In the former the epidermis is but little affected and the glands of the skin are more or less preserved intact. In cicatrices the cutaneous glands have been destroyed. In the present case, the result of deep burns, the glands have undoubtedly perished.

Scars are prone to ulcerate upon slight traumatism. Ulceration has no part in the life-history of keloid. Scars are unmarked by the spurs or processes which the keloid tumor throws out around its borders. Hypertrophic scars are not uncommonly absorbed, but this occurrence is extremely rare in keloid. Hypertrophic scars are sometimes transformed into keloid tumors, but they are in themselves destitute of one of the most characteristic features of the latter disease. In keloid there is an invincible tendency to recurrence, and this disposition is so marked and well known that surgeons generally discourage extirpation, as it is soon followed by return.

Keloid tumors are usually sensitive to pressure, and in some instances pain may occur spontaneously, usually of a pricking or burning character, and in some cases itching occurs. In the case which is the subject of this paper the atrocious pain seems to have been due to the entanglement of considerable nerve fibers in the neoplastic tissue. His involuntary and constant twitchings indicate that sensory as well as motor fibers were implicated. This is an unusual feature of keloid, and must be ascribed to the nature of the cause which excited the growth.

The tendency to recurrence of keloid may, perhaps, depend upon the constitutional predisposition. The tumor is known to follow, in some instances, an operative wound. This fact should help us to understand why keloid, so similar histologically to fibroma, and, like the latter, a benign growth, should, above all other innocent neoplasms, exhibit a character which is typical of malignant growths.

The treatment of keloid, especially when the disease is so widely spread as in the case which I have here described, is a difficult matter, and experience does not justify great expectation of success. Removal by the knife is easily accomplished, but the recurrent tumor is usually larger than the original growth. Recurrence takes place also after destruction of the tumor by caustics. We may be obliged, as in the present instance, to adopt some measures for the relief of pain. For this purpose hot and cold ap-

plications, plasters impregnated with opium, belladonna, camphor, aconite and arnica, alone or variously combined, and injections hypodermically of morphine or cocaine are among the methods to which we may have recourse. The hypodermic use of narcotics is apt to produce a habit, and must be employed with great caution. Compression by means of plaster or collodion has some ability to check the progress of the disease. Morphine can be advantageously suspended in the collodion. Another procedure which will sometimes relieve suffering while promoting absorption consists in puncturing the tumor with a small knife. The same statement may be made as regards galvanism and electrolysis.

These three principles—compression, incision and electrolysis—are the most promising means at our command for the treatment of keloid. They may be used separately or in alternation. Instead of a single or a few punctures, Vidal introduced a few years ago a method of multiple scarification. The incisions are made to cross each other at right angles or obliquely and to penetrate the entire thickness of the tumor. This operation is repeated every eighth day, and in the meantime the surface is kept covered with a mercurial plaster. Vidal's method may be satisfactorily alternated with electrolysis.

ERRONEOUS HABITS OF EATING.—"I have come to the conclusion," says Sir Henry Thompson, in the Medical Record, "that more than half the disease which embitters the middle and latter part of life is due to avoidable errors of diet; and that more mischief, in the form of actual disease, of impaired vigor, and of shortened life, accrues to civilized man from erroneous habits of eating than from the habitual use of alcoholic drink, considerable as I know that evil to be."

* * *

FOR MUCOUS PATCHES.—Kirstein (Medical News) has found a 5 per cent. solution of corrosive sublimate very efficacious for swabbing syphilitic patches of the mouth and pharynx, causing their disappearance more rapidly than any of the drugs commonly employed for the purpose.

NOTE ON SOME TOXIC EFFECTS FROM THE USE OF CITRATE OF LITHIUM TABLETS.

By *Louis Kolipinski, M.D.*,
Washington, D. C.

READ BEFORE THE THERAPEUTIC SOCIETY OF THE DISTRICT OF COLUMBIA, APRIL 9, 1893.

SINCE citrate of lithium in the form of effervescent tablets has come into popular use and is much employed by invalids for self-medication in a variety of ailments where a lithia mineral water, in their judgment, seems indicated, I have thought it opportune to note that lithium salts are not innocuous bodies, and that they possess other than remedial powers.

The toxic symptoms in the cases to be narrated, whilst in no sense grave or dangerous, were, however, sufficiently acute to alarm not only the patients, but their families even more so. The treatment following a correct diagnosis was purely expectant; the offending drug discontinued, and in both cases the patients in a few days were in their normal condition.

Case I.—Mr. W., an octogenarian; an educated man of highly nervous temperament; his mental and physical faculties well preserved; at times suffers acutely from the irritable bladder of senile hypertrophy of the prostate, and has been compelled to use a catheter occasionally for some years. I was subsequently informed that he had been directed to take one lithia tablet daily, but he took in one day five, immediately succeeded by the following symptoms. After a few days his family, alarmed at his condition, called for medical advice. Being much annoyed by thirst, began to take lithia tablets. He presented a state of general prostration, muscular weakness making locomotion impaired. The upper extremities, particularly the hands, presented a constant fine tremor of acute onset and so severe that he no longer could write his name, an act that he very readily could perform a few days previous. The tremor was apparently of the senile variety, but its sudden onset negatived this assumption. Complete recovery in three or four days.

Case II.—I. J., a small athletic man of sixty, had been suffering with muscular rheumatism, his yearly visitant, for the last two months. He had been taking four or five lithia tablets daily. His pulse standing is 84, and weak. There is a compensatory aortic valvular defect. He complains of cold hands and feet, which he never felt before. Says "he feels his blood don't circulate." Marked tremor in the right hand when extended, not in the left. Marked tremor and unsteadiness when he puts on his shoes or his gloves. He feels himself grown weak, and notices his muscular movements not so active as formerly, in the last few weeks. His handwriting (his signature) at times normal at other times a slight unsteadiness. He notices that it requires a greater muscular effort to write his name. He feels himself suddenly very old, and is thereby much depressed in spirits. Five days later completely restored to his former self.

Medical Progress.

YELLOW JOURNALISM.—Many physicians of this country, says the Archives of Pediatrics, seem to be harassed by a consuming desire for what they denominate the "practical." To these men the "practical" article usually means one upon treatment or the management of disease. It is quite true that the ultimate aim of the medical man's effort is the cure of disease or the relief of suffering, but it is a very narrow view that regards only articles of the kind mentioned as practical. The doctor ought to be something more than a peripatetic disseminator of drugs and prescriptions. The article from the post-mortem room which renders diagnosis easier, and obscure conditions clearer, is as practical as an article on treatment. The report of the laboratory worker and physiological experimenter, which adds to our knowledge of the origin and cause of disease, is far more practical than a collection of prescriptions. While the treatment and management of disease is the ultimate object of the physician, it is an axiom that treatment cannot be judiciously planned nor, except by chance, effective which is not

based upon a correct diagnosis and a thorough knowledge of the condition to be treated.

We sometimes feel inclined to refer those doctors, so eager for the so-called practical, to certain daily newspapers of the yellow type. These journals contain each day a column devoted to medical subjects. Here one may find valuable hints for the cure of stomach-ache, the treatment of chicken-pox and many things enumerated as good for children teething. This is the kind of knowledge that these gentlemen need. They have a keen scent for prescriptions, and value an article in proportion to the number it contains. These they try one after another because they are labeled as "good" for some particular ailment. A large part of these prescriptions are old and have long been floating among medical journals and worked on therapeutics. While a part of them may be relied upon to kill, with more or less precision, the infants upon whom they are tried, others are not harmful, and some are really good.

The man who settles down to the use of these ready-made prescriptions, however, or to the use of ready-made proprietary medicines, is soon as far beyond reformation as the habitual drunkard. He loses not only the power, but even the inclination to turn from the error of his ways and lead a better life. He is content with the crudest empiricism. The enterprising manufacturer concocts a new mixture and tells him it is "good" for some disease, and he forthwith uses it. He sometimes stops here, fortunately, but in too many cases, after administering it to two or three patients, he writes to the journals about it. The general practitioner, it is true, should be encouraged to write more than he does and to report his interesting cases more freely. But the crude observations of men who draw sweeping conclusions from a few cases, or advocate treatment which has not received adequate trial, is to be condemned in the strongest possible manner. This is not "practical" medicine; it is yellow journalism in its worst form, and of all yellow journals, the yellow medical journal is the worst. Its sensationalism not only corrupts medical men, but endan-

gers the safety of the community. It develops in its readers depraved tastes, and renders them incapable of enjoying the study of scientific medicine. It destroys the taste for better literature and renders it more difficult for reputable journals to live. Month after month these yellow journals contain no article that will live and be worthy of record, because they add nothing new to the stock of knowledge. Their articles are compiled or rehashed from the works of other men, or worse than that, contain things that are untrue and are not based upon experience.

* * *

LOCAL APPLICATION OF STEAM IN METRORRHAGIA.—At the last Surgical Congress Professor Dührssen of Berlin made a short communication on the "Treatment of Menorrhagia by the Local Application of Steam," and an abstract of this article appears in the London *Lancet*. The method was devised by Professor Snegirjeff of Moscow, who applied steam at a considerable temperature in a case of profuse hepatic hemorrhage after the extirpation of an echinococcus, and he subsequently had recourse to it in uterine hemorrhages. Professor Dührssen points out that a permanent cure of dangerous metrorrhagia may be effected in this way without an anesthetic being required, and that the method is applicable in some cases for which severe operations have hitherto been considered necessary. The apparatus employed is quite simple, consisting of a boiler, which is heated by a spirit lamp, and from which steam is supplied by a caoutchouc tube to a metallic catheter introduced into the uterus, so that the steam from the boiler escapes through the eyes of the catheter into the uterine cavity. When steam has acted for one minute the mucous membrane of the uterus becomes white and hemorrhages generally stop at once. After four days a second application may be made, but not for more than one minute, as the mucous membrane is liable to be destroyed by the prolonged action of steam. Professor Dührssen's first cases were three patients, one of whom was the subject of hemophilia and suffered

from menorrhagia so profuse that her life was endangered, and extirpation of the uterus had been proposed by her medical attendant. In this case the hemorrhage was stopped by a local application of steam of two minutes' duration, but after nine days a tubular body was discharged from the uterus, which proved to be the entire uterine mucous membrane, together with a portion of the subjacent muscle. The patient had a second hemorrhage thirteen days afterwards, and on the twentieth day steam was applied for the second time, after which no menorrhagia ensued. The exfoliation of the uterine mucous membrane, of course, produced complete adhesion of the uterine walls, so that on examination some weeks later no uterine cavity could be found. The same was observed in the two other cases. The method is, therefore, contraindicated in young persons, and, of course, in hemorrhages due to malignant growths; but it is specially useful in profuse metrorrhagia at the climacteric period caused by chronic metritis or by interstitial myoma. To avoid adhesion of the uterine walls in young patients, Professor Dührssen proposes to apply the steam for a quarter of a minute only, and not to repeat it before the next menstruation. This treatment has also been employed successfully in puerperal fever, especially in septic endometritis and in subacute and chronic gonorrhcea of the cervix.

* * *

THE DOCTOR.—The *Cleveland Medical Gazette*, in a facetious mood, says that the doctor, above all things, is a philanthropist. He may be learned in medicine, naval warfare, or something else. He is not supposed to be wealthy, but cannot stand the trials of poverty. The populace cares not for the ills nor trials of a poverty-stricken physician. He is posing as a philanthropist, while he wears the garb of the needy. Such hypocrisy is disgusting to the sensitive man of means.

The doctor should at all times wear a benevolent countenance and cast a cheering word right and left as he moves about his town. He should understand law,

theology and politics, as well as merchandise, mechanics and farming. He should read all of the daily papers, medical journals, scientific publications and popular novels. He should attend church and lodge meetings, go to the theater, receptions, private functions, baseball games, horse races, and should be present at all political caucuses and conventions. He should at no time absent himself from medical meetings, nor neglect the public library.

The doctor should study Delsarte and Swedish movements, for his physical culture and grace of action; must know how to dance and play whist and other popular evening games. He should never get weary; a tired look indicates a weakness and savor of poverty. His vocabulary should be full, elegant and sparkling, and his clothing should indicate the refinement of a polished gentleman.

The doctor should respond to the calls of the citizens, night or day, and be great and benevolent enough to see and overlook every moral weakness of his patient. He must understand all of the frailties of man and womankind, and in a spirit of humility must instruct, aid and uplift.

The regular physician should understand the principles, methods and dogmas taught by other schools. He should understand the spiritual workings of Christian science, the mysteries of osteopathy, and the occult influences so largely banked upon by people in high society.

Medical bills should be presented but once a year. They should be moderate and well tempered to the shorn lamb. The doctor must not forget that the practice of medicine is no longer a business, the only object for sending out bills at all, in these modern times, being to shield the diffident from a sense of obligation.

As there are now but a few doctors left, in proportion to the vast field of glory before the profession, is there not a stirring need that medical colleges should be increased in size, number and quality to meet the ever-increasing and boundless demands for high-class medical philanthropy?

THE TREATMENT OF ACUTE DYSENTERY BY LARGE ENEMATA.—The large experience of Dr. F. M. Sandwith of Cairo, Egypt, in the treatment of acute dysentery is well worth recording. In an address before the British Medical Association, reported in the British Medical Journal, he says he lost faith in ipecacuanha, and, while he got better results from magnesium sulphate by the mouth, of late he has trusted a great deal to enemata, on the grounds that the disease is at its onset local, and should be attacked by local remedies, and also that we now know that the amoebæ can be destroyed by antiseptic solutions, such as quinine, 1 in 5000 (Lösch). He used to employ nitrate of silver, but now prefers sulphate of copper. All cases were treated in the usual way as regards rigid rest in bed, with compulsory use of the bedpan, and the abdomen was swathed in cotton-wool and flannel belt. The anus was kept clean, and a cocaine suppository was used when the enema caused pain. The food was chiefly rice water, boiled milk, lime water, and soda water with brandy in small doses if necessary.

In commenting on this paper, Dr. William Osler said that he regarded enemata in cases of acute dysentery with some disfavor on account of the acute pain caused when the diseased bowel was filled with fluid. The exhaustion consequent on the operation was also a deterrent to its use, and however valuable in chronic ailments of the large bowel, the method was not without objections in acute cases. He had at times allayed the pain of enemata by the use of cocaine.

* * *

SOME OBSERVATIONS ON BRAIN ANATOMY AND BRAIN TUMORS.—Dr. William C. Krauss of Buffalo read a paper at the 92d annual meeting of the Medical Society of the State of New York, Albany, January 25, 1898, with the above title.

He called attention (1) to the difficulty in remembering the gross anatomy of the brain, and (2) to the almost universal presence of optic neuritis in cases of brain tumor.

He attempted to overcome the difficulty in regard to the anatomy of the brain by formulating the following rules,

which are somewhat unique and original, and at the same time easily remembered:

Rule of Two—1. The nerve centers are divided into two great divisions, (1) encephalon, (2) myelon. 2. The encephalon is divided into two subdivisions, (1) cerebrum, (2) cerebellum. 3. The cerebrum, cerebellum and myelon are divided into two hemispheres each, (1) right, (2) left. 4. The encephalon is indented by two great fissures, (1) longitudinal, (2) transverse. 5. Into these two great fissures there dip two folds of the dura, (1) falk cerebri, (2) tentorium cerebelli. 6. There are two varieties of brain matter, (1) white, (2) gray.

Rule of Three—1. There are three layers of membranes surrounding the brain, (1) dura, (2) arachnoid, (3) pia. 2. Each hemisphere is indented by three major fissures, (1) sylvian, (2) rolandic or central, (3) parieto-occipital. 3. Three lobes, frontal, temporal and occipital, on their convex surface, are divided into three convolutions each—superior, middle and inferior, or first, second and third. 4. There are three pairs of basal ganglia, (1) striata, (2) thalami, (3) quadrigemina. 5. The hemispheres of the brain are connected by three commissures, (1) anterior, (2) median, (3) post-commissure. 6. The cerebellum consists of three portions, (1) right, (2) left hemisphere, (3) vermes. 7. There are three pairs of cerebellar peduncles, (1) superior, (2) middle, (3) inferior. 8. The number of pairs of cranial nerves, in the classifications of Willis and Sommering, can be determined by adding three to the number of letters in each name—that of Willis making nine, and that of Sommering making twelve (or the name containing the more letters has the larger number of pairs of nerves and vice versa). 9. The cortex of the cerebellum is divided into three layers of cells, (1) granular, (2) Purkinje's cells, (3) a molecular layer.

Rule of Five—1. Each hemisphere is divided externally into five lobes, of which four are visible, (1) frontal, (2) parietal, (3) temporal, (4) occipital, and one invisible, (5) insula (Isle of Reil). Roughly speaking, the visible lobes correspond to the bones of the cranium; that is, the frontal lobe is underneath the frontal

bone, the parietal lobe beneath the parietal bone, etc. 2. The brain contains five ventricles, of which four are visible—the right and left, or first and second, the third and the fourth—and one invisible, the fifth, or pseudo-ventricie. 3. The cortex of the brain contains five distinct layers of ganglion cells.

Studying carefully 100 cases of brain tumor, in which an ophthalmoscopic examination had been made for the presence or absence of choked disc (optic neuritis), Dr. Krauss announced the following conclusions:

1. Optic neuritis is present in about 90 per cent. of all cases of brain tumor.

2. It is more often present in cerebral than in cerebellar cases.

3. The location of the tumor exerts little influence over the appearance of the papillitis.

4. The size and nature of the tumor exerts but little influence over the production of the papillitis.

5. Tumors of slow growth are less inclined to be accompanied with optic neuritis than those of rapid growth.

6. It is probable that unilateral choked disc is indicative of disease in the hemisphere corresponding to the eye involved.

7. It is doubtful whether increased intracranial pressure is solely and alone responsible for the production of an optic neuritis in cases of brain tumor.

* * *

PROCREATION AFTER CASTRATION.—Whether castrates can procreate is a question which Dr. F. R. Sturgis attempts to answer in the Medical News. He sums up his answer as follows:

1. In animals, for a varying period after complete castration, normal spermatozoa are found in the contents of the seminal vesicles.

2. This period varies in different animals, being six days for the dog, seven days for the cat, and fourteen days for the guinea-pig.

3. In man, clinical cases are recorded where fecundation of the female has occurred after coitus with the male who has been completely castrated, but in accepting the correctness of such statements we must remember the adage that accidents may happen in the best-regulated

families. Still, Princeteau's case (if correct) proves that spermatozoa do exist for a certain time in the seminal vesicles of a eunuch, and arguing from analogy in what occurs in animals, this is quite probable.

4. Still pursuing the analogy, in man, as in the dog and cat, a complete castrate may be capable of procreation, provided the coitus occur within the first seven days after the castration.

* * *

MEDICO-LEGAL ASPECTS OF GONORRHEA.—The following case was reported by Dr. A. Neisser of Breslau, Germany (Medicine): A man was charged with having communicated gonorrhea to a young girl with whom he copulated. She prosecuted him under the German code, which punishes all injuries to the health of another. The defendant admitted that he had had gonorrhea several years previously, but claimed that he was healthy at the time of his relations with the young girl. The charge against him was based chiefly on the affidavit of the family physician of the young girl. The attorney for the defense moved the rejection of this affidavit on the ground that it was not based upon a microscopical examination. The court chose Dr. Neisser as expert and submitted to him the following questions: First—Can gonorrhea be established with certainty other than by a microscopical examination? Second—How long may gonorrhea manifest itself after infection in women? What is the extreme period when an affected person can fail to be fully acquainted with his state? Third—Was the disease of the complainant, gonorrhea, due to an infection? Fourth—Had the accused still gonorrhea when he last copulated with the complainant? Neisser rendered the following replies: A skillful physician may diagnose gonorrhea from the clinical symptoms, but the procedure is subject to grave error. The microscope procedure is alone of forensic value. The second question cannot be answered for lack of data except in a general way. The symptoms and progress of the disease vary according to the seat of infection and method of propagation. Neisser, however, expressed the opinion that he could not ac-

cept the prevalent view of the lesser virulence of old gonorrhea. The third question he did not have sufficient data to answer. As to the fourth question, he was led to believe by examination that the accused was still infected at the time when he last slept with the complainant. There had been found the remains of a gonorrhea and gonococci. The accused had not contracted any new infection since the relations with the complainant. Nothing, however, showed that the defendant had a knowledge of his morbid state, and he appeared to have acted in good faith.

* * *

FORMALDEHYDE AS A DISINFECTANT.—Formaldehyde gas has been highly commended as a thorough disinfectant. Dr. David B. Brough, who reports in the Boston Medical and Surgical Journal his experience with it, says: "I believe we have in formaldehyde the best practical gaseous surface disinfectant known. For dwelling-house disinfection it is unsurpassed. It is easy of application and does no injury to goods. It is not ideal, its use being limited to surface disinfection. Its penetrative powers under ordinary conditions are so slight as to be almost valueless. Good results are best obtained by using a large body of gas, and having the room as tightly sealed as possible. Length of exposure and the influence of temperature are secondary to the amount used. Under these conditions disinfection may be regarded as complete after the use of formaldehyde."

* * *

LARVAE IN THE CONJUNCTIVAL SAC.—Capolongo (British Medical Journal) records the case of a boy who had some dust blown into his eye while playing; this caused considerable irritation. When seen an hour later there was slight blepharospasm and marked bulbar injection and watering. No foreign body could be perceived at first, though the everted lids and the eye were carefully examined; closer examination, however, showed a minute white fleck on the limbus, which became mobile; it was removed, further search made, and a second one found. They proved to be larvæ of one of the species of *tachinariae*, their length being about one millimeter.

BICYCLE URETHRITIS.—Many bicyclists have a burning pain in the deep urethra and painful and scanty micturition after a long ride. This may be caused by the shape of the saddle. Dr. John M. Robinson, in the Medical News, says: "My brief experience thus leads me to believe that the inflammations of the deep perineal region brought on by the use of the bicycle have nearly always some secondary and underlying cause. Thousands of riders undergo this daily bumping, many of them mounted on rail-like saddles, and all without sign of damage. But the urethra, or the prostate gland, which still has lurking in its crypts and folds some relics of an old gonorrhea, or a mucous membrane irritated by uric acid, I think are the conditions which the hard, humped-up bicycle seat is likely to stir into annoying activity. It would also seem to be very wise for men having any enlargement of the prostate to avoid the modern traveling machine."

* * *

TIGHT LACING.—Dr. W. E. Fitch read a paper, as quoted in the Medical Record, with this title before the Georgia Medical Association upon the relation of tight lacing to uterine development and to diseases of the female organs of generation, in which it is stated that "Africans, Indians and all other people who wear loose clothing are almost entirely free from pelvic disorders. It is in this class of women that we find the most natural and perfect pregnancy, the easiest and most natural deliveries, and the most satisfactory puerperium."

* * *

PRECAUTIONS IN SYPHILIS.—If you are about to examine a septic case or one where you suspect syphilis, wash your hands in vinegar or dilute acetic acid, and you will soon discover by the smarting any little scratches or abrasions in your skin which might become the starting points of infection.

* * *

WAX IN THE EARS.—For the removal of wax in the ear, Dr. Ricci of Turin has found a solution of hydrogen dioxide acts so rapidly in disintegrating the solid cerumen that in a few minutes it can easily be removed with the syringe.

SPECIAL FORM OF DIPHTHEROID ANGINA.—Dr. H. Vincent, in the Laryngoscope, says that this angina is characterized by the development of a whitish patch on the tonsil and frequently upon one of the pillars, which is at first quite shallow, soft and rests upon an eroded surface which soon commences to ulcerate. When the ulcer is formed the membrane becomes adherent at its bottom, bulging at the surface and gives forth a fetid odor. There is dryness of the throat, dysphagia, a furred tongue, maxillary adenitis, more or less marked, and slight elevation of temperature. About the sixth day the false membrane is thrown off and recovery follows rapidly. The pyriformed bacillus, which is found, cannot be cultivated nor inoculated in animals; it is occasionally found in healthy subjects. In fourteen cases observed there were no complications. Treatment consists of the application of tincture of iodine and antiseptic gargles.

* * *

THE PROGNOSIS AND TREATMENT OF PERIPHERAL FACIAL PARALYSIS.—In the treatment of this disease, says Allaire, in the Laryngoscope, the faradic current from a coil of coarse wire is recommended, as it produces energetic muscular contraction without pain. The current has a weak voltage, but great intensity. The induced current from a coil of fine wire should not be used, as it causes too strong a contraction. As in many articles of this kind, the description of the electro-therapeutic treatment is perplexing, if not misleading. The voltage, for instance, refers to the intensity, and where the latter term is used quantity is evidently meant. Experienced electro-therapeutists admit, moreover, that the interrupted galvanic current is more useful than the faradic in these cases on account of its tonic effects. This is especially the case where the reaction of degeneration has already developed.

* * *

SCARLET FEVER OF SWINE AND KINE. In the Journal Dr. Behle of Frankfort has a paper on the above subject. It has for several years been, in England and Germany at least, fairly well proven that kine are susceptible to scarlet fever,

though in a modified form, dependent on histological and other difference, transmitting it again to man, in whom it resumes its normal characteristics. The disease of swine, known as *Rothlauf* in Germany and as *rouget* in France, is in England popularly called "pig's scarlatina," on account of the red erythematous eruption on the skin, but the absence of renal phenomena, and the fact that lesions of the intestines are an essential feature, would suggest a nearer relation to enteric fever. But Behle reports a remarkable outbreak of what appears to have been the true human scarlet fever in swine. He states that in a district where *Rothlauf* had never been known a severe epidemic of scarlet fever among the children was followed or accompanied by a very fatal disease among the pigs at the same farmhouses and cottages. The symptoms included erythema, angina, albuminuria and those of uremic poisoning, which (or the angina) were the usual causes of death, while in such as recovered desquamation of the skin was well marked. The lesions in the kidneys, observed after death, were very characteristic. A previously healthy pig having been inoculated with the blood of a child suffering from a severe attack, died after a week's illness with symptoms and post-mortem appearances which were identical with those seen in the human subject and in the animals which had contracted the disease presumably from the children or from one another. If the facts be correctly reported the conclusion that swine are susceptible to true scarlet fever is irresistible.

* * *

AID IN EXHALATION.—The mechanical aid to exhalation, says the Medical Age, which is so useful in emphysema, mild asthmatic attacks and many kinds of chronic bronchitis, can be employed by the patient without the help of others. The patient lies on the abdomen, crossing the arms over the back. A small pillow is put under the upper part of the chest and a second one under the forehead. The soles of the feet should be braced against the lower end of the bedstead. The patient then takes three long breaths; with every expiration he

stretches the flexed legs and forces the upper part of thorax against the pillow. In a chronic bronchitis the efficiency of this method can be demonstrated by the increased loudness of the râles after several breaths are taken.

* * *

UMBILICAL ERYTHEMA.—Dr. P. Bar directs attention in the Lancet to the not infrequent occurrence of umbilical erythema, sometimes attended by septic absorption, in newly-born children. He believes that this condition is due in many cases to septic infection induced or encouraged by the practice of bathing infants during the first days of life. More especially is this cause accountable in some maternity hospitals where one bath is used for a succession of children and is not always properly cleansed. Such at least is his experience. On the other hand, he has had highly satisfactory results by adopting the following method: The segment of umbilical cord left attached to the child after ligature is at once wrapped in cotton-wool and bound in the usual way. No water is used. The skin is cleaned of its caseous coating by means of a cotton-wool swab soaked in an alcoholic solution—*eau de cologne*, for example. After two days the segment of the cord has practically withered, and, with the exception of a small portion next the umbilicus, is cut away, the stump being dressed with iodoform gauze and absorbent wool. No bathing is done till after the cicatrization of the umbilicus on or about the fifth day, save that the hips and groins are cleansed with boiled water when needful. After this date the child is bathed as usual. This method is avowedly intended more for hospital than for private practice for the reason stated above. Practitioners in this country may, perhaps, consider that Dr. Bar's abhorrence of the bath is excessive, and they will probably prefer to entrust even the dried umbilical segment to the natural efforts for separation. They are certain also, however, to appreciate the principle of a dry and aseptic umbilicus which underlies his observations, a principle which is still apt to be forgotten in the practice of midwifery nurses.

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MARYLAND MEDICAL JOURNAL,
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BALTIMORE, OCTOBER 15, 1898.

A FEW cases of this rare condition have been reported in literature in which it was associated with spina bifida, club-foot
Congenital and other developmental
Uterine Prolapse. faults and the patients died some days or weeks after birth. In *Archives de Médecine des Enfants*, March, 1898, Dr. Ballantyne gives a summary of several such cases, and adds one of his own in which the prolapse occurred on the second day after birth. He thinks it may be ascribed to the crying and defecation efforts of a baby with relaxed pelvic supports and nerve defects.

In the *Münchener Medicinische Wochenschrift*, January 11, 1898, Dr. Radwansky reports a case which was apparently unique in that it was not associated with any nerve faults and ended in recovery. The midwife reported that the child was born with the prolapse. The doctor two days later found the uterus wholly out of the vulva, the neck swollen and ulcerated by friction and filth. Its easy replacement within the pelvis led to violent straining and defecation efforts, and on removal of the finger the whole uterus was at once thrust out of the vulva. A tampon was likewise immediately expelled.

The doctor contented himself, therefore, with

directions to wash the parts frequently with boric solution and to lay a plegget of cotton with boric ointment over the uterus. Three days later the uterus was somewhat less prolapsed and the cervix less swollen. Six months later the cervix was barely visible on extreme separation of the labia and the mucous membrane of the parts seemed normal. In this case there was at no time any wasting of the child's body or general ill-health. It was probably a case of simple relaxation of the uterine supports in an otherwise healthy baby. The history of the case is very instructive, as the physician might naturally be inclined to persist in reposition efforts or betake himself to surgery, to the permanent injury of the little maiden.

* * *

AMONG the most interesting phenomena of electrical action are those which occur in the human body when it is **Electric Light Stroke.** brought for some time into the neighborhood of a strong current which is not supposed to have any direct communication with the tissues. The effects of prolonged exposure to the Roentgen Rays in photography of inward conditions have at times been very surprising, and have given rise to diverse explanatory conjectures. It is possible that in the course of time the effect of exposure of the body to magnetic fields may again receive careful thought on the part of terapists.

At a recent session of the Medical Society of Lille, France (*Gazette Hédomadaire*), an interesting case resembling sunstroke was reported, due to an hour's exposure to the light of two electric arcs connected with a dynamo of 200 amperes. Three or four hours later had a sensation of fatigue in the eyes and cerebrum—the regions most exposed. After an afternoon spent out of doors he began about 7 P. M. to complain of tingling in the eyes, which became swollen and watered. These disturbances increased toward midnight and he became confused and giddy. Boric acid compresses were applied. All next day his eyesight was disturbed with dazzling sensations, and full convalescence was delayed some eight days. A somewhat similar case was referred to, in which yellow vision was present.

The symptoms could not have been due to heat, for no warmth was felt, and the desquamation of the skin, evidently due to the chemical rays, suggested that all the phenomena were of this origin.

Medical Items.

WE are indebted to the Health Department of Baltimore for the following statement of cases and deaths reported for the week ending October 8, 1898:

Diseases.	Cases Reported.	Deaths.
Smallpox.....	..	..
Pneumonia.....	..	..
Phthisis Pulmonalis.....	..	13
Measles.....	1	..
Whooping Cough.....	1	..
Pseudo-Membranous Croup and Diphtheria. }	52*	13
Mumps.....	1	..
Scarlet Fever.....	15	..
Varioloid.....	..	..
Varicella.....	..	..
Typhoid Fever.....	32	9

* Of these 4 were imported.

Three hundred and fifty students are enrolled in the new Cornell University Medical College.

The Department of Agriculture estimates the annual loss in 354 cities from the waste of sweepings in street-cleaning at \$3,000,000.

The New York State Medical Association will hold its next annual meeting in New York city, October 18, 19 and 20.

Dr. Richard Potts died on October 5, aged 80, in King George county, Virginia, near Fredericksburg.

Dr. J. Williams Lord succeeds Dr. T. C. Gilchrist as professor of dermatology in the Baltimore Medical College.

The eighth annual meeting of the Western Surgical and Gynecological Association will be held at Omaha December 28 and 29, 1898.

The fact that smallpox has been reported in Norfolk should make physicians of Maryland especially careful to see that their unprotected patients are properly vaccinated.

The Medical and Chirurgical Faculty of Maryland will hold its semi-annual meeting this year at Frederick on Wednesday and Thursday, November 16 and 17.

The tenth annual meeting of the Tri-State Medical Society of Alabama, Georgia and Tennessee will be held in Birmingham Tuesday, Wednesday and Thursday, October 25, 26 and 27.

The Investigating Committee is looking for the responsibility of the hospital surgeons and their work. The members of the Fifth Maryland Volunteers are said to be on the same quest.

The large number of physicians who applied for positions as surgeons in the army is another proof of the crowded condition of the profession and of the difficulties of competition.

There are 207 medical students at the Johns Hopkins Medical School. Of these, sixty-six were enrolled this session. There are thirty-five women in the school, of whom nine entered this season.

Patent medicines are not to be despised. The late Mrs. Ayer of Lowell, Mass., left \$50,000 for a laboratory to be called the Ayer Laboratory, which is to be given to the Pennsylvania Hospital. The building is in course of construction.

At the Congress of the French Association for the Advancement of Science, recently held in Nantes, a resolution was adopted recommending that the teaching of hygiene in the schools and colleges of France be entrusted to medical men, and that adequate compensation be voted those who give the instruction.

At the opening meeting of the Clinical Society of Maryland, held October 1, the following officers were elected: President, Dr. J. Williams Lord; vice-president, Dr. B. B. Browne; recording secretary, Dr. H. O. Reik; corresponding secretary, Dr. Nathan Herman; treasurer, Dr. W. J. Todd; executive committee, Drs. A. D. McConachie, A. K. Bond and James J. Mills; member of the finance committee, Dr. G. Lane Taneyhill.

The *Medical Standard* contains the following remarkable statement: "Dr. George H. Rohé, formerly of the New Orleans Signal Office, is not at the head of the Second Hospital for the Insane at Springfield, Md."

In the death of Dr. Claudius Henry Mastin Mobile has lost a remarkable man and a physician and surgeon of great skill. Dr. Mastin was seventy-two years old at his death and was born in Alabama in 1826. He studied at the University of Virginia, and later at the University of Pennsylvania. He was a great believer in medical societies, and was a frequent contributor to medical literature.

Washington Notes.

There are at present 115 cases of diphtheria and 74 cases of scarlet fever in the District.

The public schools in Marlboro and Surratt's have been closed on account of the prevalence of diphtheria.

Dr. J. Wesley Bovée attended the Mississippi Valley Medical Association at Nashville this week, where he read a paper.

The District Commissioners have ordered the construction of a frame building for nurses' quarters in the grounds of the Washington Asylum, to cost \$5725.

Dr. J. D. Hird, the District chemist, has recommended in his estimates for the coming year an increase in the salary of the chemist of the District from \$1500 to \$2400.

Col. C. R. Greenleaf, chief army surgeon in the field, is inspecting the medical departments of the different regiments at Jacksonville and other Southern points.

At the Washington Medical and Surgical Society on Monday evening Dr. Jessie Shoup read a paper on "Antistreptococcus Serum," with report of its use in two cases.

Dr. James L. Ord, an old practitioner of this city, died recently at Hagerstown, Md. He was one of the oldest members of the Society of California Pioneers, going to that State in 1846 with a regiment of volunteers.

At the Therapeutic Society on Saturday evening Dr. G. R. L Cole read a paper on the "Treatment of Cerebral Apoplexy," and Dr. Louis Kolipinski reported a case of suicidal poisoning with hydrocyanic acid, with recovery.

Dr. S. S. Adams, formerly professor of pediatrics at the medical department of the Georgetown University, has been elected to the chair of theory and practice of medicine. Dr. J. W. H. Lovejoy, having resigned, is made emeritus professor.

At the semi-annual meeting of the Medical Association of the District of Columbia, October 4, the following applicants were elected to membership: Charles E. Ferguson, National Medical College, '96; Bernard L. Hardin, Columbian Medical College, '95; Fred-

erick M. Hartsock, Columbian Medical College, '97; Harry Hurt, University of Maryland, '95; L. Fleet Luckett, Columbian Medical College, '95; C. H. Machinek, medical department Howard University, '92; W. P. Malone, University of Maryland, '88; Wm. Gerry Morgan, University of Pennsylvania, '93; John B. Mullins, University of Maryland, '87; Wallace Neff, Medical College of Ohio, '79; Edward D. Perkins, Georgetown Medical College, '95; T. Lyman Perkins, Harvard Medical College, '80; John J. Repetti, Georgetown Medical College, '97; Stanley S. Warren, University of Pennsylvania, '94.

Book Reviews.

AN AMERICAN TEXTBOOK OF GENITO-URINARY DISEASES, SYPHILIS AND DISEASES OF THE SKIN. Edited by L. Bolton Bangs, M.D., and W. A. Hardaway, M.D. With 300 engravings and twenty full-page colored plates. Philadelphia: W. B. Saunders. 1898.

This volume forms a large textbook of over 1200 pages, of which 614 are devoted to genito-urinary diseases, 142 to syphilis and the remainder to cutaneous affections. All the contributors are writers of ability and have proved themselves to be men of special eminence in their respective branches. The writers have not only given the latest accepted views on their respective subjects, but have also added the results of their considerable practical experience which all of them have had. The same fault is present in this work which we have noticed in other medical systems, viz., the devotion of too much space to rare diseases and comparatively little to other much more important diseases, e. g., there are 70 pages on diseases of the ureter and yet syphilis commands but 142 pages; again, one would suppose that such a subject as chancroids should deserve more space than such a rare skin disease as xeroderma pigmentosum. The illustrations are, generally speaking, fair, but those representing the eruptions of syphilis are very poor. One cannot speak very highly of the photographs and drawings of the other skin diseases. The publishers are to be congratulated on the excellent manner in which the book generally has been gotten up. We can recommend the textbook to practitioners and students, but more especially to the former.

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Original Articles.

MEDICINE IN THE NINETEENTH CENTURY.

By Thomas Clifford Allbutt, M.A., M.D.,
LL.D., F.R.C.P., F.R.S., F.L.S.,
F.S.A.

Regius Professor of Medicine in the University of
Cambridge, England, etc., etc.

ABSTRACT OF ADDRESS DELIVERED AT THE OPENING
OF THE JOHNS HOPKINS MEDICAL SCHOOL,
OCTOBER 17, 1898.

DR. ALLBUTT opened his address by reviewing the history of medicine from the earliest times, showing the manner of investigation and the method of arriving at the diagnosis. He reviewed briefly the experimental and the dialectic methods, and, in discussing the inductive method, he said that it consisted of two processes at least—one of observation, and the other of imagination. Then, coming down to the present time, he continued his address by saying:

It would now seem that even in medicine the experimental method, which seemed forbidden to her, is making its way after all. If pathology never can become a science of direct experiment in the sense that physiology is so, it makes use of it as a second line of advance. If we cannot produce a pneumonia, we can study the results of cutting a nerve. In physiology the number of variables is embarrassing, yet in medicine it is far greater. No two cases of a disease are alike; temperament, race, season, circumstances—all variables—conspire to modify eases and inferences. It will always, indeed, be impossible in any branch of the biological sciences to isolate condi-

tions and to repeat them as in chemistry and physics. Yet, as I have said, an approximation to such means is manifested in the bacteriological laboratory, where pure cultures are separated, their toxines tested in proportion to body weight, antitoxines calculated, and immunities predicted.

It would seem to be, in the study of immunities, that the physician will first attain the reward of scientific research in prediction. A science which cannot predict quantitatively is in an inchoate stage. Multiplication of corpuscles, like the increase of cell growth in a hypertrophied heart or kidney, is but a case of compensation—a measure of resistance to disturbance.

Whether we regard it from the static or the dynamic point of view, the conception of the *vis medicatrix naturae* gains newer force every day. Our blood and other corpuscles are microbes, their serums are factors in natural processes, and are regarded as healthy or unhealthy as they happen to be convenient or inconvenient at the moment of observation. Glands, such as the liver and kidney, are aggregations of microbes specialized for particular functions, and generate juices which are factors of nutrition, and not only of negative, but, as we have learned so well in respect of the thyroid, of positive influence in the balance of its manifold processes.

From experiment and observation we find that this reserve energy of the body in its various parts is enormous. How large is the view of the province of therapeutics thus presented to us we may see in the rapid advance of what I may call physiological remedies. As hygiene is

to the state of health, so is physiological medicine to that of disease. By physiological medicine, I mean the use of the ordinary functions of the body in counteraction of contingent or inherent perils.

It is a common, but I think a shallow reproach to modern medicine, that, with all the advance of our knowledge of pathology, therapeutics stands where it did in the time of our fathers, or has even fallen back, in so far as a certain sceptical distrust of empirical remedies has discouraged the continued use of remedies which the wisdom of our fathers has discovered by practice and observation. It is said that we will not use the most respectable of traditional remedies unless we have some notion of its mode of operation. It is possible that the invaluable work which a scientific scepticism has done for us, not in therapeutics only, has been attended by some destructive effects which are to be regretted. I think, however, it would be difficult to bring forward many instances of the kind in our own case; while, on the other hand, the pruning and clarifying which our practice has undergone, far outweigh any such temporary disablements. The truth is, that the cry itself is a shallow one. I will not stay to assert that modern surgery, the brilliant progress of which is in all our mouths, is progress in therapeutics, the division between surgery and medicine being a division of convenience, a division to which a mere practical and temporary usefulness baily is to be attributed. Are we to forget, for instance, how the prognosis of peritonitis, of obstruction of the bowels, of pleuritic effusions, of encephalic tumors, of perityphlitis, of pelvic diseases, of ovarian ascites, etc.—a prognosis in troops of cases turned from sadness to hope—is not to be called progress in therapeutics because not infrequently the method is carried out by the skill of another hand? It might as well be asserted that the modern scheme of feeding in fevers, because it is carried out by trained nurses, is no therapeutical progress. Nor will I admit, even in the sphere of drug therapeutics, that our progress is contemptible.

When we regard the additions made to our hypnotics, the discovery of the value of

the nitrites, of the bromides, of arsenic in pernicious anemia, of the salicylates, of the antipyretic, hypnotic and antalgic group, of the antiseptic treatment of diseases of the skin, of the antitoxic treatment of diphtheria, of the thyroid treatment of myxedema, or when, again, we realize the greater precision of our use of the older empirical remedies, as of digitalis, in the preciser administration of remedies in syphilis, in the injection of alcohol and ether, of apomorphine, of ergotine, of strychnine, of hyoscine, of cyanide of mercury; when, once again, we think how much more accurately we discriminate our means in the treatment of phthisis, of dyspepsia, of fevers, of palsies, central or peripheral, we may confidently take encouragement and meet those adversaries in the gate who say that therapeutics has made no considerable progress. At the same time, we may well take to heart the lesson which such criticism may teach us. While we have learned that empirical knowledge, although a power against ignorance, is of less avail against the more ordered and living knowledge of a maturer science, on the other hand, for this very reason, we are now, perhaps, apt to despise unduly the traditional remedies which rest their claims to usefulness more on empirical than on reasonable grounds. For in the use and practice of all methods we must remember that medicine is an art; that it is something more than an applied science.

Our art has always been, and probably long must be, in advance of scientific direction and explanation. Moreover, as in all arts, more than knowledge is needed, namely, common sense, rapid and firm decision, and resourcefulness—faculties by no means resting upon intellectual conceptions, but on a certain virility of character not to be got from books. It is no uncommon experience to see physicians of high intellectual subtlety, of great learning and of pretty wit, lose themselves in the practice and even in the exposition of their profession, because in them the critical faculty exceeds the practical. Indiscriminate doubt, however valuable an attitude of mind in the laboratory, is mischievous in the field

of action, where a keen determination to make the best of imperfect instruments, to use any accredited means rather than none, should be the dominating impulses—impulses which enlist also on the side of the physician the hope and animal spirits of the patient; for, after all, the practice of medicine contains no small element of "suggestion." Furthermore, the fastidious spirit, which I have endeavored to indicate, is, on the whole, opposed to progress, as, even in thought, it lends itself too readily to irresolution, and irresolution is the quick way to indolence. On the other hand, I need not warn you that practice without continual scientific re-education soon degenerates into stereotyped and sterile routine.

Once more, when we are twitted with the discovery of manifold new diseases, without the discovery of any means of dealing with them, we may reply that not only are we discovering the course and ends of these destructions, not only are we discriminating between this series of symptoms of dissolution and that, but we are engaged, as I will remind you again, in the study of origins. We are no longer satisfied to contemplate the wreckage of disease, but we are earnestly hunting out the processes in which such and such deviations from health took their being.

The study of origins, then, is not only the new method of modern criticism, of modern history, of modern anthropology, of our reading of the evolution of the universe itself from elements which even themselves are falling under the same analytical inquiry, but the study of origins is leading to a revolution in our conception of therapeutics, as of all these other studies; a revolution which as yet we have not fully understood. This revolutionary conception is that death is not to be driven away by the apothecary, not by any cunning compilation of drugs, but is to be prevented by the subtler strategy, which consists in knowing all the moves of the game. Few and simple are the diseases which can be expelled by leechcraft, as we expel a worm. The medicine of the future will consist in setting our wits to nature, in recognizing that when evils have befallen us there is no counsel,

and that in the simple beginnings of things are the time and place to detect where stealthy nature, atom by atom, builds and unbuilds, feeds us or poisons us. To disentangle the clue we shall not pull at it anyhow; we shall anxiously seek the beginning of it, thence to unravel its windings.

There is an old saw, that nature takes as much trouble to make a beggar as a king. She does not make diseases to sit so loosely that they can be expelled by violence or bound by a charm. Much of curative medicine, in the vulgar sense, will thus be swallowed up in preventive medicine. We shall not wait till we are half dead before we take in hand our disorders; abnormal processes, not their results only, will be our fruitful study.

Another feature of modern therapeutics is the use of nature against herself. We learn, as I have said, to play the game. We are not content to sleep at our posts till we must fight desperately against a checkmate, but we keep in touch with the enemy all through, and use the same means. Thus, by the side of preventive medicine, we learn that hygiene, in its largest sense, is also to be our guide. Instead of trusting to prescriptions for alleged specifics, which have no little kinship with magic and antidotes, we ally ourselves with nature's own forces. For example, if we cannot prevent infantile palsy, which soon, perhaps, we may do, we shall attempt its cure, not by idle drugs, but by strengthening the physiological factors of life; by the use of massage, electricity, warmth, etc. As we farther discover the physiological factors of life, we learn to supplement the failing juices of a gland from other sources in the economy; by learning the distribution of heat in the body, we find that fever can be controlled by conduction of heat by cold baths and otherwise; by a better knowledge of the mechanics of the circulation, we arm ourselves with means for regulating its currents by baths and gymnastics and the like. Even in the sphere of drugs themselves we are, year by year, depositing this drug and that from the place of specifics, as in the case of quinine, and putting them in the ranks of preventive agents, and, with respect to

others, we are carrying our study of origins into their qualities, as well as into the healthy or morbid processes over which they have power. The relation of atomic weight to physiological effect, the experiments by which, on slight substitution of one molecule for another, we convert compounds from one kind into another and widely diverse kind, from convulsants, for example, into narcotic or paralyzing agents, we throw light not only on their own properties, but also on the secret processes of the animal body itself. I will not stay to illustrate in the same way the parallels between the members of different series, nor the advances, of late the least active, by the way, of physiological chemistry, and of chemotaxis, and of the study of the behavior of serums and the like within the more comprehensible range of the test tube. Such considerations impress us again and again with the importance of the union of practical and laboratory or theoretical work in the same person and in the same schools. No observer who has not made medicine more or less a practical study can be as well equipped as otherwise he could be to investigate such subjects as these.

The modern hospital must be the modern laboratory of medicine. As in the sixteenth century the great laboratories of anatomy sprang into existence, in the seventeenth the laboratories of physics, in the nineteenth the chemical (Liebig), the physiological (Ludwig), the chemophysiological (Hoppe-Seyler), the pathological (Virchow), the hygienic (Pettenkofer), so the clinical laboratories initiated but the other day in Germany by v. Ziemssen, Curschmann, and in the United States by Pepper, are the factories out of which the new medicine is to come—the medicine which, penetrating into the intimate processes of nature, learns to turn nature to her own correction. The clinical laboratory is to be the scene of the study of the origins of disease.

What are the aids and dangers of "specialism" in these advances? Against this tendency in modern studies and practice an outcry has been raised which, if a little unintelligent in its way of expression,

has not been without justification. In advancing civilization the applications of thought, as well as those of labor, must be divided and subdivided. The activities of the mind are at least as multiform as those of the traveler in the world, and it is impossible for all explorers to follow each other over all ways. As pioneers increase in number and in adventure the more are they divided from each other, the more difficult is it for each to make himself master, even by report, of the work of all. This general law is as true for medical inquiry and for medical practice as for electricians or naval engineers. Not only so, but we may say that, in the sciences, men are not traveling over one world only, but over many. If within each world of mathematics, physics, chemistry, etc., explorers separate and travel out of sight of each other, what shall be said of the remoteness of explorers in these several worlds! Yet these several worlds of the sciences are not as Mars to us, but as the various kingdoms of the earth. What goes on in each is of the utmost importance to all, and as civilization advances becomes not of less importance, but of more and more. Herein lies the justification of what I have called the outcry against specialism. The protestants have perceived this interrelation of all knowledge, and they have foreseen both the narrowness of spirit and the lameness of practice which must come of such a disintegration of parts of such an isolation of efforts. Nay, they may not improperly conceive that a less amount of knowledge, duly systematized, may be of more value in affairs and in philosophy than more knowledge in scattered parcels. If the outcry has been somewhat unintelligent, this has been not in the perception of the kind of injury to learning. This is to be credited to them as a virtue. But in the want of perception that some division of labor is inevitable, the protestants have seemed to care less for the advance than for the system of learning, and, indeed, to have set practice in some antagonism to learning.

We shall henceforth perceive, I trust, that this new movement comes from the deeps; that it is not by withstanding the very conditions of modern progress that

we shall secure its balance, its concert and its sanity. Happily, evolution will be found still to consist not in differentiation only, but also in integration. As labor is divided, an organization of knowledge must proceed step by step with the division. Specialism will have its disadvantages, as all exclusive aspects of things have them. In practice, specialism will have its charlatanry, as omniscience has had it. It is only by the increase of discernment and education in society at large that the genuine and humble children of nature will be known, and it is by progress in its best sense that such discernment and education are to be extended. I do not hesitate to say that even within my own lifetime these qualities in the relation of society towards our profession have not only increased, but have waxed abundantly, and thus is a medium formed in which the remoteness and alienation of specialized workers finds a corrective. The worker in all subjects, even in the larger operations of ordinary trade, learns that he, too, must think of the whole, as well as of parts and details. Even money cannot everywhere be broken up into small change; commerce can no longer be a piecemeal affair. In the tradesman, indeed, is engendered a mind in favor of breadth of view, and even in the man in the street is begotten a hazy notion that there cannot be, as in ancient Egypt, a physician for every part of the body. There is no mean in nature but nature makes that mean; if these qualities of intellectual concert, of scientific formation of mind, of breadth and sagacity are needed, they will be found, and the way to them will be found also. Indeed, such conceptions of education are gaining apace on the general mind, though their full bearing is not yet understood. It is this very breadth of mind which is aimed at by educational reformers, by those who prize education before mere acquisition, who assert that, with the greater complexity and definiteness of knowledge, associations of workers and certain harmonies in their results must be brought about.

Those, then, who resent the specialization of science, as of other fields of human work, although they are wrong in their

way of opposition, have hold, nevertheless, of an important truth, and they agree with the Thracian King Zamolxis, who was also a god. Zamolxis observed that "as you ought not to attempt to cure the body without the head, or the head without the body, so neither ought you to attempt to cure the body without the soul," and this, he said, "is the reason why the cure of many diseases is unknown to the physicians of Hellas, because they are ignorant of the whole, which ought to be studied also, for the part can never be well unless the whole be well." (Charmides.) Although then we cannot hope that every physician shall be a man of science, we may secure that he shall have the scientific habit of mind, for thus, as we have seen, he will be habituated to lay out his knowledge systematically, to trace phenomena to their sources, and to see his own facts in their due relation to other facts. This is the philosophical temper which cannot be learned from books and rarely without tradition and converse with gifted men.

Some disciples are more apt to receive this grace than others; some men, many learned specialists, are incapable of wise scientific judgment; no examination can test it; no memory can secure it; it is in part a product of time, which accepts what is good and rejects that which is transitory. It is to be assimilated from organs of knowledge, such as universities, and not from mere polytechnic institutions. It is the highest reward of the teaching from a living source, for, as Professor Butcher says, "the test of life is to impart life."

Too many students pass through their schools without an awakening of their minds. They believe their superficial knowledge to be exhaustive, and they become the mouthpieces of ready-made opinions.

I should be an ill bird were I to say anything today in depreciation of the value of lectures of my own wares. In bygone times I have said much in depreciation of them, urging that they are survivals of a time when books were scarce and dear, and when knowledge was looked upon as spoonmeat. I have helped forward the cry that the laboratory must

be the future living source of knowledge and of inspiration. While men were blind to this new truth it was necessary to urge it to the hindrance of other needs which men were not likely to forget. Now that the battle is won, and the laboratory is everywhere with us, we may turn again to consider what there is in older methods which we would not willingly lose. In lectures we may still find the virtues which flow from living converse with thoughtful men who have been over the field of our studies before us, who can show us how their minds worked, how they systematize their knowledge, how they came to see it in the light of other researches, how they inspired it with human interest. For such ends as this we must have no mere retail dealer in knowledge for our lecturer. In all the universities it is now recognized that, except for tutorial work, the lecturer to beginners must be the leader in his faculty. He it is who can give the true first set to the thoughts of young men who are entering into the subject of their lives; older men and advanced work may well be undertaken by demonstrators.

Thus far I have considered specialism and breadth in respect of the education in our profession, but a larger problem lies before us, namely, that wider culture which lies beyond the confines of all professions. One of the difficult conditions of our own generation is the urgent pressure on young men and boys by reformers and anxious parents who desire, not unreasonably, to mold their sons into money-making machines at as early a date as possible. When I took my degree at Cambridge our course was, in the first place, to take an arts degree, at that time only to be had in the arts. Thereafter came the natural-science studies, with their tripos, and after that again the clinical studies proper to our professional life. This course occupied us up to the age of twenty-five, at least, and in some respects it was a far better education than we now bestow. Now, from the first hour of the medical student's arrival in Cambridge he is too often turned at once into the narrower channel of his special calling, and he even tries to pick up a precarious instruction in clinical work while

he is ostensibly at work on the preliminary sciences. Nay, such is the pressure of the times, parents and teachers are getting impatient even with this rate of speed, and are insisting that even at school time is wasted in classical and other broader studies which might be utilized for science, and that men should come up to the university ready to "specialize" farther still. Among other strong arguments in favor of this reform is this—that whoso means to practice surgery should acquire manual dexterity, and that this advantage cannot be acquired by the ordinary man unless he begin to educate his plastic fingers in early youth. This argument I will dismiss in a word by saying that, in my opinion, every man should be educated in a handicraft or mechanical art of some kind during his early youth. The importance of this element of education is curiously forgotten even by such a mechanical race as the English and American. So much for surgery; the boy who has learned to use a lathe or to make a chest of drawers will have fingers apt enough for surgery.

There is, moreover, another means of education most useful in early life, namely, that of measurement. At every national school youths of both sexes should learn to measure accurately to thousandths of an inch and to hundredths of a grain; thus the eye is taught with the hand, and, what is of more importance, the mind is trained to know what accuracy means. These occupations, invaluable in training of character and skill as they are, would add nothing to the burden on a growing brain.

Of the sciences, those of memory and observation only should have a place. The mind of youth is in a stage when the imagination, rather than abstract thought, should be cultivated. To collect natural objects, and thus to be drawn into the haunts of animals, into the habitations of plants, and to see the structure of the earth, excites and enlarges the imagination and strengthens the memory at a time when these faculties are ripe for culture. I have never happened to meet a young man, educated in abstract science at school, who seemed to me to have used his time to the best advantage. If,

for the present, it has led to success in the narrowest sense, I think we are entering even now into a generation when success must be based on a larger education than this—on an education in letters and in the humanities, as well as in the laws of the material universe.

We are apt to forget that even in these days of science, advancing by leaps and bounds, that still the greater part of man's life is spent in the expression of his thoughts and in converse with mankind. He should, therefore, have learned to handle the ideas which concern himself and his fellows, not only in their material conflict with nature, but also in those higher spheres of history, ethics, polities and social aspiration, for which alone man can be said properly to live. If we regard the mastery of modern man over nature in any other light than as clearing for us a larger base for a reconstruction of societies which shall be more wise, more humane, more beautiful in spirit than in the past, there would be nothing but sadness in the contemplation of modern life, with its "gay afflictions, golden toil." No doubt we must rebuild our material home, but we ourselves also must be born again. (Newman.)

The uses of learning Latin and Greek lie in this—that in these studies, more than in any others, the ideas which concern man in his highest endowments of mental, spiritual and social life are manifest, and not only so, but are manifested in languages the most virile and beautiful the world has known. Latin and Greek are called dead languages. If so, the Hermes of Praxiteles and the Venus of Milo are corpses. Latin and Greek contain in perfection of form not modern science, but that for which modern science exists—the best that man has lived and thought. It would be a narrow pedagogy which should assert that strong and penetrating thought and noble and chastened imagination are to be found only in Latin and Greek; we may be thankful, indeed, that the English language is or has been as noble an instrument, and enshrines at least as fine a literature. Yet it has been said long before our time that to know one literature only is to wander in the sphere of letters with-

out a scale of relative dimensions; to lose the faculty of comparisons for lack of standards of comparison. To learn to speak a language like a parrot is but to train a mechanical memory. Latin and Greek, however, although they contain the finest records of human thought and action, are, as I have said, not the only shrines of letters, and the noble literatures of France, Germany or Italy may take the place of either of them, and carry the additional advantage of common usefulness.

But do not let us forget that our calling derives its honor not from its power of repairing the carnal body; were this its only title to respect it would take a low place in the hierarchy of professions. Those professions which deal with the ends, which alone make life worth preserving—such as that of the law of religion, philosophy and of the fine arts—would in such case regard our occupation but as a higher kind of farriery. The glory of our profession, from the hour when Hippocrates, in that oath where-with like a trumpet, the notes of which reverberate still through the ages, summoned us to take our place in the forefront of the fight, has been that we are concerned not only for mankind, but for men. The ideal side of a physician's life is that he brings healing or solace to his human fellow. The Greek philosopher, like the modern socialist, would sacrifice man to the State; the priest would sacrifice man to the Church; the scientific evolutionist would sacrifice man to the race. Yet, while all these elements of co-operation and of aspiration work together for good, we thankfully see that, after all, the tendency of civil evolution, as of Christian ethics, is to use society as a means for man himself, as a means to purify and to elevate the individual soul. The physician, then, is more than a naturalist; he is the minister not only of humanity at large, but of man himself. Thus it is that the humblest of us, and he who labors in the darkest and most thankless parts of our cities, is never a drudge; in the sight of the angels he is illustrious by the light of his service to men and women. The man of science can tell us delightful things about birds, flowers and wild

life, for all life is various and touching; he can tell us queer and uncomfortable things about our insides, amazingly useful things about steam and electricity, but at bottom, when the marvel is over or the material gain is won, all this grows stale. Ideas concerning the harmony of the spheres, concerning cosmic evolution, concerning the inhabitants of Mars, are prodigious; they may uplift us sometimes with a sense of the greatness of man's inheritance, but alone they are cold and unsatisfying. The child of his age feels that a sonnet of Wordsworth, a flash of Browning's lamp into man's heart, an idyll of Tennyson give us thoughts worth more than all the billions of whirling stones in the universe. In strengthening and cherishing this inner life of his brother and sister, happily, the physician has many fellows, but the physician alone among them all holds sacred the lamp of the personal life for its own individual sake; he alone forgets Church, State, nay, even the human race itself, in his tender care for the suffering man and for the suffering woman who come to him for help.

ILIAC ABSCESS OF POTT'S DISEASE COMPLICATING FEMORAL HERNIA.

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WE are all accustomed to think of the possibility of the abscess of lower dorsal and lumbar Pott's disease at times invading unusual regions, following the sheaths of muscles and appearing, not as is their custom most usually, as a psoas abscess in Scarpa's triangle, but in the capsule of the hip-joint, simulating coxalgia, or in the femoral or inguinal canals, simulating herniae.

Where the abscess is an early symptom of the causative disease and the deformity is slight errors in diagnosis may occur to the unwary when the examination is limited to the locality of the tumor alone and is superficial.

Bradford and Lovett say: "Hernia is sometimes suggested by the appearance of a psoas abscess in the groin. Such purulent collections sometimes appear suddenly, are egg-shaped and not hot nor tender. They can sometimes be much diminished in size by gentle pressure, but they at once refill and present none of the characteristic features of hernia. They lie outside the femoral vessels in general, and the signs of Pott's disease are always present."

Moore, in his "Orthopedic Surgery," recently published, says: "Abscess is to be diagnosed from tumors and hernia. The location, together with the deformity and other symptoms of Pott's disease, should establish a diagnosis. A hernia would be in the inguinal or femoral canal. It would probably be reducible, and if composed of bowel would give tympanitic resonance, and would not give fluctuation."

On the other hand, we are not accustomed to think of hernia and Pott's abscess being coincident, and the absence of literature on this subject makes the case herein reported unique and worthy of record.

Mrs. B., aged thirty-one, was sent to the Out-Patient Department of the Hospital for Crippled and Deformed Children in April, 1896, by Dr. Howard A. Kelly for some spinal support, as she presented symptoms of Pott's disease. She gave the following history: She was of German-American parentage; father died of intermittent fever; mother still living; two sisters died in infancy, and one sister died of general miliary tuberculosis and plthisis. Two maternal uncles died of plthisis in the same house, in which they all lived. There was no history of any other member of her family having tubercular joint trouble.

The patient was healthy as a child, and did not have any serious illness until August, 1893, when her second child was born, at that time it being thought she had "strained her back." She had greater pain at the onset than subsequently in the nerves of the dorso-lumbar region, and after a year an abscess formed and was incised ten cm. to the right side of the spine.

This continued to discharge eleven months, and was healed at the time she presented herself at the hospital. She complained of costal pain in the region of the ninth and tenth ribs, and especially on rising in the morning. Loss of flesh had been progressive, and her weight at our first examination was eighty-three pounds. There had been no night-cries. Her appetite was fairly good and all other bodily functions seemed normal. In February, 1895, patient began to limp in the right leg, and when first seen the right knee was acutely painful over the internal condyle and swollen.

On physical examination the patient was thus described in the note then made: P. is below the normal height (about five feet); lips and mucous membranes are of a fair color; nails normal; subcutaneous fat markedly lessened; superficial and peripheral circulation sluggish; chest well formed, and expansion equal on the two sides; abdomen normal, and lymphatic glands nowhere markedly enlarged.

A very slight knuckle is found involving the spine from the ninth dorsal to second lumbar vertebra, the apex being at the eleventh dorsal. On palpation, no sign of psoas abscess can be made out, nor is there any psoas contraction. The heart, lungs and abdomen are normal on percussion and auscultation. Muscular spasm is quite pronounced in the dorso-lumbar region and in the right knee, the latter showing fibrillar twitching on the slightest jar or motion. The patient is of a decidedly nervous temperament.

Treatment.—The patient was put to bed on a Bradford frame, with piano-felt pads on either side of the knuckle. Buck's extension was applied to the knee with fifteen pounds traction for ten weeks, during which time it was found necessary at times to use morphia, bromides and asa-fetida. On getting up, a plaster of Paris jacket to the spine and cast to the knee were used, with axillary crutches and high-soled Thomas shoe on the foot of well leg. After wearing plaster jackets for six months the Taylor back brace was substituted, and the patient complained very seldom of any pain. The knee still showed muscular spasm on motion, but swelling was less, having been in circum-

ference 37 cm. at mid-patella, 35.5 cm. 10 cm. above mid-patella and 32 cm. 10 cm. below that point when first seen; showed after six months' treatment 33, 35 and 30 cm. at the same points.

From July, 1897, to January, 1898, P. was much improved in every way, but on 13th of January came to the Out-Patient Department with a tumor in the groin 10 by 15 cm. in the diameters just below and internal to the right anterior superior spine of the ilium. It was partly reducible, but refilled; it fluctuated, and was nowhere tympanitic on percussion. It had appeared two weeks before her coming to the hospital. On the 31st the patient was admitted, as no tendency towards absorption of the abscess was apparent, but rather an increase of its contents, and thinning of the skin was noted, and aspiration was advised. The patient's temperature was 98.6° F., pulse 100 and respiration 18 on admission.

On February 1, 300 cc. of creamy pus was withdrawn through a canula, followed by some bloody pus, when abscess cavity seemed nearly empty; canula puncture was closed with collodion. On February 4 the cavity had partly refilled and 80 cc. more of pus were withdrawn. The nurse reported patient's bowels had not been moved for forty-eight hours and had suffered much from nausea and vomiting. Quite an enlargement was noticed in the right groin, just above the region of the femoral ring, simulating hernia; it was not reducible, and no fluctuation was made out, and it was thought to be a pocket of the iliac abscess. A grain and one-half of calomel, followed by a glycerine enema, was given, with but two slight stools as a result.

February 6.—Nausea, vomiting and constipation persisted. A sausage-shaped mass 4 by 7 cm. was seen in the right groin, which did not extend to the labia internally, and externally reached to the margin of the iliac abscess. It was hard and had a small point of fluctuation in its center, near, but above the femoral canal. Operation was decided on, as symptoms pointed to strangulated hernia. February 7, urine examination showed slight trace of albumen, but no casts. The temperature was 101.5°, respiration 24, pulse 124.

An incision was made obliquely from the right labium to and through the iliac abscess, as the hernial canal was found to communicate with it. A boot-shaped mass was brought to light, the "leg of the boot" extending into the abdominal cavity through the femoral canal. The color of the mass was bluish and congested, but not actually necrotic; it was firmly bound down by adhesions. On dissection the "boot leg" was found to be the strangulated gut, and the "toe" and "heel" were the hernial sac filled and tense with serum. This sac was removed, bits of omentum and the gut were returned to the abdominal cavity, the hernial ring sutured with interrupted silver sutures and skin wound as far as the iliac abscess was sutured continuously and subcutaneously with silver. The iliac abscess was then curetted and found to extend back along the iliac crest, and then packed with iodoform gauze, the whole covered with silver foil and dressed in the usual manner. On the second day after the operation the bowels moved naturally; there was great thirst, but no nausea nor vomiting. On the fourth day, as the temperature had risen to 103° F., the dressings were taken down; the hernial wound was found closed securely and perfectly healthy and dry, while there was but little bloody tubercular pus in the cavity of the iliac abscess.

A portion of the hernial wound was torn open, but no evidence of any burrowing nor sepsis was found, and the healing of the hernial wound was uninterrupted. The temperature ranged from 98.6° in the morning to 101.5° or 102° in the evenings on an average for forty days, when the patient was discharged with a small sinus from the iliac wound persisting. The pulse ranged from 96 as a minimum to 140 as a maximum on one occasion during this period of convalescence, and the respiration from 20 to 28.

There seems to be but one point, in conclusion, which should be mentioned as a probable etiological factor in the causation of this double condition, and that is the weight of the leg swinging free and of the plaster cast on the knee dragging on the femoral canal, whose resistance had been lowered by the maceration

of the adjacent tubercular pus, and should be a caution to employ light casts in the treatment of tumor albus.

CASE OF SUICIDAL POISONING WITH HYDROCYANIC ACID.

By Dr. Louis Kolipinski,
Washington, D. C.

READ BEFORE THE THERAPEUTIC SOCIETY, OCTOBER 8, 1898.

Poisonings with hydrocyanic acid and its compounds being quite rare—so very rapidly fatal when they do occur; an immediate diagnosis and promptness in treatment being indispensable—are the reasons for reporting the following:

G., aged forty-two; married; seven children; formerly saloon-keeper, but for nearly two years an invalid from multiple neuritis; had been in health a tall and powerful man; very emotional; was over-indulged by his mother and later by his wife. Is a morphinist, becoming so from having long used morphine for the relief of pain. G. bursts into tears when conversing; speaks of his terrible pains in hands and feet. He cannot sleep, and eats very little; knows he cannot take a cod-liver oil emulsion, because oil made him sick when he was a boy; yawns frequently (morphine effect dying out); he needs morphine for his pains.

As a fact his pains seem to be muscle pains, due to the limited quantity of morphine he is now taking.

He wants to end all by suicide. He cannot endure his torturing pains. His wife is fault-finding and has no longer any affection for him, he says. G. has no ambition—no rational desire to exert himself—to try to recover his health or to seek employment. He is an unconscious morphinist in so far as he has not voluntarily enslaved himself and does not distinguish between the symptoms of his former disease and those at present produced by the effects of the drug.

September 22, 1898, at 8.15 P. M., found him lying supine on his bed, his day shirt, trousers and stockings on; face flushed; eyelids half open; eyeballs

slowly rolling; pupils dilated; pulse accelerated; deep coma; deep, rapid, peculiar breathing, with sobbing inspiration. The breathing was like that in the coma of diabetes or grave cerebral apoplexy, and can be noticed experimentally in a dog after a lethal dose of potassium cyanide.

There had been involuntary urination and defecation. The tongue was swollen and purplish. The breath had a heavy metallic odor, like potassium cyanide.

From this and the pupils and the labored breathing, with its peculiar inspiratory sob, a diagnosis of poisoning with prussic acid was made, and, in view of his condition, with an unfavorable prognosis.

It was ascertained later that the poison had been swallowed at five minutes of 8 o'clock.

Treatment.—(1) A subcutaneous injection of atropine sulphate, grain 1-40. Hereupon those in the chamber soon noticed some improvement in the breathing; it became less loud.

(2) Ten grains of caffeine citrate by enema. The anal sphincter being paralyzed, the enema was retained with a pad and pressure.

(3) Enemata four or five times repeated of aqua ammonia, a teaspoonful in half a cup of water. The third ammonia injection caused an evacuation of liquid feces.

At 9.30 P. M. involuntary motions of the trunk, arms and legs, the patient turning on his left side—this apparently the result of the ammonia enemata.

Edema of the lung very apparent on auscultation.

The patient was raised into a sitting posture and freely plied at short intervals with the aromatic spirit of ammonia by the mouth. At 10.30 P. M. he was conscious; his respiration 30. He was then able to drink milk from a glass. The pupils were contracted. During the reviving stage the marked symptoms were the rapid breathing and the dyspnea resulting from his efforts to swallow or talk. The prussic-acid odor of the breath was still present, but less marked.

He had from ten to twelve alvine evacuations through the night. The next

morning his condition was the same as it had been before swallowing the poison.

Whilst the treatment was going on I directed that a search be made of his person, bed, the room and an outer porch, as it was evident that the draught had been taken but a very short time—a few minutes before unconsciousness supervened. An ounce vial, half empty, of prussic acid, the labels carefully erased, was found by one of his boys in a small recess in a bathroom one story above his bedroom and approached by a short stairway. G. later informed me that he had proceeded as follows: Ascending to the bathroom where he had secreted the poison, he half emptied the vial into a drinking glass, descended to his bedroom, drained the glass, rinsed it with water and set it aside; threw himself upon his bed and immediately became unconscious.

The peculiar odor of the breath was confirmed, but not recognized, or compared to the classical "peach-kernel" flavor by a professional colleague, by the patient's wife, by a journalist and by a lodger, apparently a mechanic.

There were no after-effects, except for a few days dysenteric stools without blood, the result of the ammonia injections.

The quantity of poison swallowed was one-half ounce of the official acidum hydrocyanicum dilutum, U. S. P., containing 2 per cent., or four and eight-tenths grains of anhydrous acid.

Finally, in the treatment of this case, I did not attempt the use of emetics, the stomach tube or chemical antidote—the last because not accessible in time; the first and second for the reason that I feared the much-imperiled respiration might thereby be further overburdened.

OBSTINATE FEVERS.—The ordinary malarial fevers give way to the sulphate of quinine when administered in the proper doses and at the right time. Many cases of obscure and obstinate fever, however, which hold against the sulphate of quinine will readily yield to the bisulphate of quinine. The latter salt does not upset the stomach and is readily absorbed.

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BALTIMORE, OCTOBER 22, 1898.

THERE will be held next month two meetings which should attract a large part of the profession. One is that of **Two Important Meetings.** the Medical and Chirurgical Faculty, which, as usual, will hold its semi-annual session at some point outside of Baltimore. Last year the Faculty met at Ocean City, in September, and this year it has been invited to hold its meeting at Frederick on Wednesday and Thursday, November 16 and 17.

While the annual gatherings of this society naturally bring together a larger body of members, the semi-annual meetings are usually more sociable and tend to associate the men of Baltimore with those outside of that city. The programme committee is sending out notices, asking that all those intending to take an active part at that time will notify Dr. J. Williams Lord, 345 North Charles street, before November 1, so that the programme may be completed and mailed to each member long in advance of the session. It is not desired that a large number read papers, nor are long, dry discourses violently longed for, but practical papers and case-relating will be welcomed. The length of the programme will be limited.

and the time of reading and discussing will be strictly curtailed to the usual length, so that all may have an equal chance.

As the Faculty has not met in Frederick since the revival of these semi-annual meetings, it is earnestly hoped that a large number will attend, even if they can take no active part. There will probably be some sort of social gathering or banquet on the evening of the first day, and this will give the physicians an opportunity to meet and know each other.

The other meeting of importance is that of the Maryland Public Health Association, at Easton, on Thursday and Friday, November 10 and 11. This association always attracts interest on account of the more general character of its proceedings.

The programme on both these occasions will be announced in full before the dates named.

It is also announced that, in addition to these, the Maryland Public Health Association will hold a local meeting in Baltimore on November 30, to consider the need of public baths. As the Mayor of Baltimore has invited the Mayor of Boston to be present and take part in the proceedings, there is some doubt as to whether this is honestly a meeting for the purposes named, or whether it conceals some political import. All these meetings should receive the attention of physicians.

* * *

At the opening of the Johns Hopkins Medical School this season the first address was delivered by Dr. Thomas

Nineteenth Century Medicine. Clifford Allbutt, of Cambridge University, on "Medicine in the Nineteenth Century," and those who were fortunate enough to hear this lecture will appreciate how much matter for thought it contained, and in the last part of this discourse the author goes most deeply into the relation of general and special medicine and the realm of the surgeon and physician. While such lectures and addresses contain of necessity many truisms and things self-evident, still they serve to present in this instance in a most attractive form the exact condition of medicine in this end of the nineteenth century, and put it before the reader in a clear light. He spoke also of the advances made in medicine. An abstract of Dr. Allbutt's remarks appears in this issue.

Medical Items.

We are indebted to the Health Department of Baltimore for the following statement of cases and deaths reported for the week ending October 15, 1898:

Diseases.	Cases Reported.	Deaths.
Smallpox.....	..	..
Pneumonia.....	..	11
Phthisis Pulmonalis.....	..	18
Measles.....	1	..
Whooping Cough.....	..	..
Pseudo-Membranous Croup and Diphtheria.	53	13
Mumps.....	..	..
Scarlet Fever.....	11	1
Varioloid.....	..	..
Varicella.....	..	..
Typhoid Fever.....	27	7

Richmond is said to have a very pure water supply. Probably the politicians have not yet found it out.

Yellow fever and quarantine have again caused the postponement of the opening of Tulane University to November 10.

The State Board of Health lost its case in prosecuting persons for stream and water pollution. The prosecution will be continued.

The Baltimore County Medical Society held its last meeting last Thursday afternoon at Electric Park.

Drs. Henry B. Jacobs and William S. Thayer have opened offices at No. 3 West Franklin street, Baltimore, next door to Dr. Osler.

At the last meeting of the Johns Hopkins Medical Society Dr. J. M. T. Finney was elected president and Dr. Thomas S. Cullen, secretary.

The City Council of Brunswick, Md., has elected the following local board of health for the ensuing two years: Dr. H. S. Hedges, Mr. E. L. Harrison and Mr. L. E. McBride.

On account of quarantine regulations in some parts of the South, the eleventh annual meeting of the Southern Surgical and Gynecological Association, which was announced to be held in Memphis November 8, 9 and 10, has been postponed to December 6, 7 and 8. Among those who are announced to read papers are Dr. Howard A. Kelly of Baltimore and Drs. J. Taber Johnson, J. W. Bovée, I. S. Stone and Henry D. Fry of Washington.

The Health Commissioner of Baltimore is watching very closely the various schools, and is having the throats of suspicious cases examined, in order to prevent the spread of diphtheria, which is so apt to occur after the opening of the public schools.

Behring has been attacked most vigorously in American papers for patenting his serum, but in his own country also the lay and medical journals have been handling him without gloves and most clearly show up the true character of the man.

The Maryland Public Health Association will hold its next regular meeting in Easton, Md., Thursday and Friday, November 10 and 11. The local meeting of this association will be held in Baltimore, November 30, when the subject of "Public Baths" will be discussed.

As stated last week, the semi-annual meeting of the Medical and Chirurgical Faculty will be held at Frederick, Md., on Wednesday and Thursday, November 16 and 17. Those desiring to read papers should send the titles to Dr. J. Williams Lord, 345 North Charles street, not later than November 1.

The late Sir Benjamin Ward Richardson left a considerable number of unpublished memoirs of leading physicians. These have been collected into two volumes, and will, it is announced, shortly be published under the title of "Disciples of *Æsculapius*." The work contains a large number of portraits and illustrations.

Dr. H. C. Leigh, Sr., a prominent and highly respected physician of Petersburg, died at his home last Sunday, aged sixty-five years. Dr. Leigh was born in Virginia, and received his medical education in New York. He practised in Petersburg since 1857, with the exception of a few years when he was an army surgeon during the civil war.

Dr. Thomas Clifford Allbutt, regius professor of medicine at the University of Cambridge, London; who has been delivering a course of lectures at the Cooper Medical College of San Francisco, spent a few days this week in Baltimore, and delivered the address on the occasion of the opening of the Johns Hopkins Medical School. Dr. Allbutt was entertained by Drs. Osler, Welch and others while in Baltimore.

Washington Notes.

Dr. Anita N. McGee, acting assistant surgeon U. S. A., has been ordered to Fort Monroe, Va.

Dr. George W. Patterson, acting assistant surgeon at Fort Myer, has been ordered to give medical attention as may be required by officers, enlisted men and their families at that post.

At the Medical Society Wednesday evening Dr. Storch read a paper upon "The Functions of the Appendix Vermiformis" and Dr. Ruffin reported a case of aneurism of the aorta, with specimen.

Surgeon-General Sternberg says: "The American National Red Cross Association has had full authority to send agents and supplies to all camps, and if there has been suffering for want of needed supplies, they must share the responsibility with the medical department of the army for such suffering." It's always well to have some persons share the responsibility; the glory, however, will not need to be divided.

The board to inquire into the cause of typhoid fever in the army is about to report that the fly has been an important factor in the dissemination of the disease, and that as long as the present method of disposing of fecal matter in the camps is continued, it will be impossible to eradicate the disease. They think that by this time the clothing of the men and the camps are infected with the germs, and to change the camp sites would be of little avail. They will recommend that the tentage and clothing of the soldiers be disinfected as far as possible by boiling, and rigid measures be enforced regarding the disposal of fecal matter.

The Microscopical Society of Washington at its last meeting elected Dr. Henry Alfred Robbins president. The society has been doing excellent work. Dr. Robbins has already served as its presiding officer on several occasions, and was made president on the formation of the society in 1882.

The death is announced in Washington of Dr. Nathan Smith Lincoln, aged seventy years. Dr. Lincoln was one of the most prominent figures in medical ranks. He was a native of Massachusetts, and was graduated from

Dartmouth College in 1850, and in 1852 took his medical degree at the University of Maryland. He was a member of all the prominent District medical societies, and held many positions in connection with Columbian University and various hospitals.

Book Reviews.

TREATMENT OF SKIN CANCERS. By W. S. Gottheil, M.D., Professor of Dermatology at the New York School of Clinical Medicine, Dermatologist to the Lebanon Hospital, the Northwestern and West-Side German Dispensaries, etc. New York: The International Journal of Surgery Co., 100 William street. Price \$1.

The subject is treated in a practical manner, from the standpoint of the general practitioner as well as the specialists, and while every prominent modern method in the non-operative treatment of cutaneous cancer has received mention, the author elaborates especially upon the caustic method, which experience has commended to him.

In the experience of the author Marsden's arsenical paste, consisting of powdered gum acacia, one part, and arsenious acid, two parts, mixed with sufficient water to make a paste and applied on rubber adhesive plaster, has given the most satisfactory results. One's individual experience must always be his guide in the treatment of any disease, but it is difficult to understand how excision can be considered by the author to be so inexact and uncertain in its results and destruction of tissue by a potential caustic so thoroughly under the control of the one who applies it and so exact in its effects. As stated above, Dr. Gottheil is a warm advocate of arsenical cauterization in accessible skin cancers.

REPRINTS, ETC., RECEIVED.

Lues Venerea and the Third Act of the Drama of Syphilis. By Henry Alfred Robbins, M.D., Washington, D. C.

Appendicitis; Its Differential Diagnosis. By Hugh M. Taylor, M.D. Reprint from the *Virginia Medical Semi-Monthly*.

The Habits, Food and Economic Value of the American Toad. By A. H. Kirkland, M.S. Reprint from the Bulletin of the Hatch Experiment Station of the Massachusetts Agricultural College.

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Original Articles.

THE VALUE OF EMBRYOLOGICAL SPECIMENS.

By Franklin P. Mall, M.D.,

Professor of Anatomy, Johns Hopkins University.

FIVE years ago I published a request to physicians that they send me the embryological specimens which fall into their hands. The appeal met with a much more hearty response than was anticipated, and I take this opportunity to express my thanks to the many physicians who have often inconvenienced themselves greatly in sending specimens to the anatomical laboratory. My request was also widely distributed through a number of medical journals, the result being that I obtained material from many different portions of the United States.

In all, 126 good specimens have been sent me, and each of them is of some value in the study of embryology.² All of the larger specimens which were not accompanied with any data are not included in the above number. They are, however, all preserved, and are constantly used when direct dissection is required. In all there are in the collection thirty-two specimens of the first month, of which eighteen are normal and fourteen abnormal. Of the second month there are fifty-seven specimens, forty-three normal and fourteen abnormal. So of the eighty-nine specimens of the first and second months, 32 per cent. are abnor-

mal, while if the first month alone is considered 44 per cent. are abnormal. The above per cent. seems pretty high, and is, in fact, higher than that obtained by His, yet I believe that it is still much too low. A large part of the His collection is from a number of scientists who naturally preserved only good specimens. In his first collection 22 per cent. of the embryos were normal, while if the specimens which were obtained from midwives only are considered, 40 per cent. are abnormal. This latter figure is more liable to be the correct one, for the midwives did not attempt to assort the specimens. The same discrepancy is found between the ratio of the normal to the abnormal among the specimens I at first collected and those which have been sent me recently. At first the specimens sent me consisted only of "fine" embryos, and I rarely obtained an abnormal specimen. Recently, however, the whole ova are sent me without opening them first, and among these over half are abnormal.

Over half of the specimens were given me by Baltimore physicians. Forty-eight physicians sent single specimens; twenty-four sent more than one specimen each, together seventy-eight. Of the 126 specimens, twenty-nine normal ova are accompanied with some history; forty with anatomical measurements, in addition to the embryo; thirty-four are abnormal, and fifty-two embryos were removed from the ovum before sending them, and have no accompanying data whatever.

Although embryologists have emphasized again and again the importance of carefully preserving and studying early human ova, it is necessary from time to time to remind physicians not to throw away the valuable material which is con-

1. The Johns Hopkins Hospital, Bulletin, 1893.

2. From Maryland, 70; Pennsylvania, 7; Massachusetts, 6; New York, 5; District Columbia, 5; Ohio, 5; Michigan, 4; Illinois, 4; California, 3; Iowa, 3; Germany, 2; New Hampshire, 2; Tennessee, 2; and one from each Wisconsin, Virginia, Kentucky, Canada, Colorado, Maine, North Carolina and South Carolina. Total, 126.

stantly coming into their possession. There are numerous questions which might be answered if there was an abundance of specimens on hand, and they can be procured only through the co-operation of physicians in active practice. Not only do such specimens contribute to the study of human embryology, but they are also of the greatest value in the study of pathological embryology. In addition to the morphological studies which may be made by the embryologist, the histories of the specimens are of the utmost importance in locating accurately the beginning of pregnancy.

The specimens which physicians have sent me during the last five years have given me a collection ranking among the best in existence. The only other important collection is the one in the possession of Professor His, and its study has given us nearly all of our knowledge of human embryology. If ovulation, menstruation, conception and development could be studied in man as in any of the other mammals, these problems would be relatively easy to solve. To be sure the results of the studies in lower animals are of great importance for comparative study, but they have also led us into many errors, and they leave untouched many points which appear to be peculiar to man. As His, Graf Spee, Giacomini and others have said, we need many more well-preserved specimens to give us new facts, the lack of which is so very apparent.

I therefore appeal again to the physicians of Baltimore to send me the specimens which they obtain from their practice. In order to reduce their trouble to a minimum, I will gladly send them jars filled with preserving fluid into which the specimens may be placed. It is only the younger specimens which are of much value, and they can be preserved to great advantage in a 5 per cent. solution of formalin. If this solution is not available, an unopened ovum is best preserved in the strongest alcohol, while for the embryo alone 75 to 80 per cent. alcohol should be used. The value of a specimen is further increased if it is accompanied by the date of the beginning of the last menstrual period of the woman from

whom it was obtained, the date of the abortion, as well as other notes which may bear upon the case.

The tables appended give all of the young embryos I have been able to collect, which are accompanied by the dates of the beginning of the last menstrual period and of the abortion. There are also numerous specimens included which give only some of the measurements of the appendages of the embryo. The variations of the different measurements and dates are considerable, and it is only after careful comparison of the figures and their averages that any sort of satisfactory conclusions can be drawn from them.

It is generally believed that the beginning of pregnancy takes place at the time of the last menstrual period, and that the first lapsed period marks one month of pregnancy. In the cases from which the embryos of tables III, No. 1, IV, No. 6, V, No. 12 and VI, No. 23, are taken, the earliest cohabitation took place fully a week after the last menstrual period, and in all probability could not fertilize the egg which may have escaped from the ovary during that period. It is much more likely that the ovulation which took place at the time the period was missed gave rise to the embryo. This is all the more probable, since we know that ovulation often occurs immediately before menstruation (Leopold). The exact time and frequency of ovulation will not be answered in a satisfactory manner until the anatomy and physiology of the ovary are much more extensively studied.

If the age of the ova given in tables I and II is rated from the beginning of the last menstrual period it will be six instead of two weeks which is much more probable. The size of these ova as well as their embryos places them in the neighborhood of two weeks rather than six, when we consider them from the standpoint of comparative embryology. Moreover, the exceptions, when conception and menstruation coincide (tables II, No. 8, III, Nos. 7, 9, 13 and 15, IV, No. 8, and V, No. 10), again speak for this. So in the majority of instances we must deduct twenty-eight from the time between the beginning of the last period and the abor-

tion in order to obtain the age of the embryo.

This method of computing the age of embryos apparently applies only to the younger specimens in the different tables. After the fifth week, table VI, a comparison of the size of the embryo to its age, as obtained from the menstrual history, leads only to confusion. Unfortunately, the measurements of the older embryos are not as trustworthy as those of the younger ones. The least tilting of the head, the method of hardening, as well as the unequal growth tend to give incorrect figures. These errors are practically excluded in the younger specimens. The embryo from Dr. Watson,

table VI, No. 28, is undoubtedly much younger than the one from Dr. Spencer, No. 27, if one can judge from the degree of development. Both are well-developed specimens, hardened in formalin, and I am inclined to place the Watson specimen fully three weeks before the Spencer. No doubt other measurements, as those of a vertebra, will finally lead us out of this trouble.

When ultimately the time of ovulation is definitely located in relation to menstruation, and the scale of embryos is complete from conception to birth, the statistical problem as here presented will have born its full fruit in determining accurately the duration of pregnancy.

TABLE I.—EMBRYOS OF THE SECOND WEEK.

Observer.	Length of Embryo.	Dimensions of Umh. Vesicle.	Dimensions of Ovum.	Time Between Last Period and Abortion.	Probable Age.	References, or From Whom Obtained.
1. Breuss .....	.....	.....	5 mm	38 days.	10 days.	Wiener Med. Wochenshl., '77.
2. Reichert .....	.....	.....	5.5x3.3 mm	42 days.	14 days.	Abhandl. d. K. A. d. Wiss.,
3. Graf Spee.....	.37 mm	1.0x1 mm	7x5.5 mm	5 weeks.*	12 days.*	His's Archiv., '96. [Berlin, '73.
4. No. XI.....	.8 mm	1.5x1 mm	10x7x7 mm	41 days.	13 days.	Dr. Kittredge, Nashua, N. H.
5. Keihel	1 mm	.....	8.5x7.75x6 mm	.....	.....	His's Archiv., '90.
6. Graf Spee	1.54 mm	1.8x1.5 mm	10x8.5x6.5 mm	5 weeks.	12 days.*	His's Archiv., '96.
Average.....	.93 mm	1.46x1.17 mm	7.7x6.4x6.5 mm		12 days.	

*Twelve days is my estimation, as Graf Spee in a general way gives five weeks as the time between the last period and the abortion.

In all the tables the measurements are from the highest point on the head to the breech.

TABLE II.—EMBRYOS OF THE FIRST HALF OF THE THIRD WEEK.

Observer.	Length of Embryo.	Dimensions of Umh. Vesicle.	Dimensions of Ovum.	Time Between Last Period and Abortion.	Probable Age.	References, or From Whom Obtained.
1. No. XII.....	2.1 mm	1.5x1.1 mm	15x18x8 mm	41 days.	13 days.	Dr. Ellis, Elkton, Md.
2. Thomson	2.1 mm	2.6 mm	5.7 mm	42 days.	14 days.	Edin. Med. and Surg. Jour., '39.
3. His (E.)...	2.1 mm	2.3x1.6 mm	8.5x5.5 mm	.....	.....	A. M. E.
4. His (Lg.)...	2.15 mm	1.6x1.2 mm	15x12.5 mm	40 days.	12 days.	A. M. E.
5. His (S.R.)...	2.2 mm	1.9x1.5 mm	9x8 mm	.....	.....	A. M. E.
6. His (Sch.)...	2.2 mm	2.1x1.7 mm	.....	.....	.....	A. M. E.
7. His (L.)...	2.4 mm	.....	9x8 mm	.....	.....	A. M. E.
8. Thomson	2.5 mm	2.1 mm	15x10 mm	14 days.	14 days.	Edin. Med. and Surg. Jour., '39.
9. Chiarugi	2.6 mm	1.9x1.5x1.6 mm	15x12x8 mm	.....	.....	Arch. Ital. de Biol., 12.
10. His (M.)...	2.6 mm	2.6x1.7 mm	8x7.5 mm	.....	.....	A. M. E.
11. Graf Spee	2.69 mm	2.5x1.5 mm	15x14 mm	42 days.	14 days.	Verein. Schles.-Holst. Aerzte, '87.
12. His (E.B.)...	3 mm	.....	.....	42 days.	14 days.	His's Arch., '96, p. 58.
13. Janosik	3 mm	2.5x2 mm	8 mm	43 days.	15 days.	A. f. M. A., 30.
Average...	2.43 mm	2.15x1.33x1.3 mm	11.5x8.6x8 mm		14 days.	

TABLE III.—EMBRYOS OF THE SECOND HALF OF THE THIRD WEEK.

Observer.	Length of Embryo.	Dimensions of Umh. Vesicle.	Dimensions of Ovum.	Time Between Last Period and Abortion.	Probable Age.	References, or From Whom Obtained.
1. His (B.B.).....	3.2 mm	3x2 mm	14x11 mm	48 days.	20 days.	A. M. E., 7, 74.
2. No. LXXXVII.....	4 mm	.....	24x16x9 mm	42 days.	14 days.	Dr. Cole, Peru, Ill.
3. Ecker.....	4 mm	.....	.....	45 days.	17 days.	His's Archiv., '80.
4. His (II).....	4 mm	3x2.7 mm	30x25 mm	51 days.	23 days.	A. M. E.
5. His (Lr).....	4.2 mm	2.8x2.3 mm	15 mm	.....	.....	A. M. E.
6. Stubenrauch (K.)	4.3 mm	.....	.....	52 days.	24 days.	Inaug. Dis., Munchen, '89.
7. Wagner.....	4.5 mm	.....	.....	20 days.	20 days.	Müller's Archiv., '35.
8. No. I.....	4.5 mm	.....	30x30 mm	.....	.....	Dr. Gavin, Baltimore.
9. Hensen.....	4.5 mm	.....	.....	21 days.	21 days.	His's Archiv., '77.
10. No. LXXXVI.....	4.5 mm	3 mm	22x20 mm	.....	.....	Dr. Mitchell, Chicago.
11. No. LXXX.....	5 mm	4 mm	24x18x8 mm	.....	.....	Dr. Branham, Baltimore.
12. His (D.2).....	5 mm	4 mm	20x15 mm	.....	.....	A. M. E.
13. His (W).....	5 mm	.....	25x20 mm	21 days.	21 days.	A. M. E., pp. 7, 74.
14. His (R).....	5 mm	.....	22 mm	.....	.....	A. M. E.
15. Meyer.....	5.25 mm	4 mm	22 mm	18 days.	18 days.	A. f. M. A., 36.
16. No. XIX.....	5.5 mm	2.5x2x2 mm	18x14 mm	.....	.....	Dr. Williams, Baltimore.
17. No. XVI.....	6 mm	.....	24x18 mm	.....	.....	Dr. Sherwood, Baltimore.
18. Stubenrauch (L.)	6 mm	45 days.	17 days.	Inaug. Dis., Munchen, '89.
Average.....	4.7 mm	3.3x2.2x2 mm	22.3x18.7x8.5 mm		19.5 days.	

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TABLE IV.—EMBRVOS OF THE FOURTH WEEK.

Observer.	Length of Embryo.	Dimensions of Umb. Vesicle.	Dimensions of Ovum.	Time Between Last Period and Abortion.	Probable Age.	References, or From Whom Obtained.
1. No. CXVI.	6.5 mm	.....	28x20x10 mm	55 days.	27 days.	Dr. Ryan, Springfield, Ill.
2. No. II.	7 mm	7x4.5x4.5 mm	25x25 mm	52 days.	24 days.	Dr. C. O. Miller, Baltimore.
3. Stubenrauch (II).	7 mm	.....	.....	51 days.	23 days.	Inaug. Dis., Munchen, '89.
4. No. XVIII.	7 mm	.....	18x18 mm	.....	.....	Dr. Douglas, Nashville, Tenn.
5. His (B)	7 mm	4 mm	25x22 mm	.....	.....	A. M. E.
6. His (Stt)	7.75 mm	.....	21x17 mm	57 days.	27 days.	A. M. E., 8, 74.
7. His (XVII).	8.5 mm	.....	20x12 mm	.....	.....	A. M. E.
8. Meyer.	8 mm	5 mm	45 mm	28 days.	28 days.	A. F. M. A., 36.
Average.	7.34 mm	5.3x4.5x4.5 mm	26x19x10 mm		26 days.	

TABLE V.—EMBRYOS OF THE FIFTH WEEK.

Observer.	Length of Embryo.	Dimensions of Umb. Vesicle.	Dimensions of Ovum.	Time Between Last Period and Abortion.	Probable Age.	References, or From Whom Obtained.
1. Ecker.	10 mm	.....	.....	60 days.	32 days.	Icon. Physiol., 28.
2. No. LXXXVIII.	10 mm	4 mm	30x28x15 mm	.....	.....	Dr. Brumm, Detroit.
3. His (XCVIII)	10.3 mm	.....	35x25 mm	.....	.....	A. M. E.
4. No. CIX.	11 mm	.....	30x30 mm	.....	.....	Dr. Cushing, Baltimore.
5. His (Br.)	11 mm	5x5x4.5 mm	30x27 mm	61 days.	33 days.	A. M. E.
6. His (XCVII)	11 mm	.....	30x25 mm	.....	.....	A. M. E.
7. His (Rg.)	11.5 mm	5.5x4.5 mm	30x27 mm	.....	.....	A. M. E.
8. His (Sl)	12.5 mm	6x5 mm	30x27 mm	.....	.....	A. M. E.
9. His (XIX)	12.8 mm	5x4.5 mm	40x32 mm	.....	.....	A. M. E.
10. No. XXXV.	13 mm	.....	.....	37 days.	37 days.	Dr. C. O. Miller, Baltimore.
11. His (M2)	13 mm	.....	.....	64 days.	36 days.	A. M. E.
12. His (Br. 2)	13.6 mm	6x4.5 mm	35x28 mm	63 days.	35 days.	A. M. E., 9 and 74.
Average.	11.6 mm	5.2x4.6x4.5 mm	32x27x15 mm		34.6 days.	

TABLE VI.—EMBRYOS OVER FIVE WEEKS OLD.

Observer.	Length of Embryo.	Dimensions of Umb. Vesicle.	Dimensions of Ovum.	Time Between Last Period and Abortion.	Probable Age.	References, or From Whom Obtained.
1. His. (Dr. 1)	15 mm	6x5.5 mm	45x40 mm	.....	.....	A. M. E.
2. His (S 2).	15 mm	5.5x4.5 mm	35x28 mm	.....	.....	A. M. E.
3. His (Lhs)	17 mm	.....	.....	51 days.	.....	A. M. E., 23 ⁸ .
4. No. CVI.	17 mm	.....	.....	54 days.	.....	Dr. Gardner, Baltimore.
5. No. XVII.	18 mm	.....	40x30x20 mm	.....	.....	Dr. Cottrell, Louisville, Ky.
6. No. XLII.	18 mm	.....	35 mm	.....	.....	Dr. Wills, Los Angeles, Cal.
7. No. V.	18.5 mm	.....	40x30 mm	.....	.....	Dr. Kittridge, Nasbua, N. H.
8. No. XXVIII.	19 mm	.....	50x30x20 mm	47 days.	.....	Dr. Sewall, Denver, Cal.
Aver. 15-20 mm.	16 mm	5.7x5 mm	41x32 mm			
9. No. LXXXI.	20 mm	.....	65x55x35 mm	.....	.....	Dr. Brumham, Baltimore.
10. No. XCIV.	20 mm	.....	50x40x30 mm	.....	.....	Dr. Knill, Detroit, Mich.
11. No. XXII.	20 mm	5x2x2 mm	35x30x30 mm	.....	.....	Dr. Snively, Waynesboro, Pa.
12. Minot.	22 mm	.....	.....	53 days.	.....	Minot's Embryology, 392.
13. His.	22 mm	.....	.....	56 days.	.....	A. M. E., 239.
13a LVII.	23 mm	.....	30 mm	.....	.....	Dr. Howard, Cleveland, O.
13b His (Wt)	23 mm	.....	55x50 mm	.....	.....	A. M. E.
14. No. LXXII.	23 mm	.....	40x30 mm	.....	.....	Dr. Arthur, Baltimore.
15. No. XXVII.	23 mm	.....	30 mm	.....	.....	Dr. Thayer, Baltimore.
16. His (Lp).	23 mm	.....	55x50 mm	.....	.....	A. M. E.
17. No. XXXI.	24 mm	.....	50x30x30 mm	66 days.	.....	Dr. Ballard, Baltimore.
18. No. VI.	24 mm	.....	.....	77 days.	.....	Dr. C. O. Miller, Baltimore.
Aver. 20-25 mm.	22.1 mm	.....	50x41x31 mm			
19. No. CXVIII.	25 mm	.....	.....	94 days.	.....	Dr. Booker, Baltimore.
20. His (Dr. 2)	25 mm	.....	45x40 mm	.....	.....	A. M. E.
21. No. XCIX.	27 mm	.....	40 mm	75 days.	.....	Dr. Carr, Durham, N. C.
22. No. XLV.	28 mm	.....	40x35x20 mm	.....	.....	Dr. Douglas, Nashville, Tenn.
Aver. 25-30 mm.	26 mm	.....	42x37x20 mm			
23. No. XXVI.	30 mm	.....	.....	75 days.	.....	Dr. Simon, Baltimore.
24. Minot.	32 mm	.....	.....	68 days.	.....	Human Embryology, 395.
25. No. LXXIX.	32 mm	.....	50x50x50 mm	91 days.	.....	Dr. Briggs, Blackville, S. C.
26. No. LII.	33 mm	.....	40x30x15 mm	.....	.....	Dr. Gavin, Baltimore.
27. No. XCVI.	34 mm	.....	.....	84 days.	.....	Dr. Spencer, San Francisco.
28. No. XCV.	36 mm	.....	68x50x50 mm	83 days.	.....	Dr. Watson, Baltimore.
29. No. CV.	48 mm	.....	.....	83 days.	.....	Dr. Watson, Baltimore.
Aver. 30-35 mm.	38 mm	.....	46x41x38 mm			
30. No. XXX.	60 mm	.....	.....	77 days.	.....	Dr. Snively, Waynesboro, Pa.
31. No. XCII.	70 mm	.....	.....	90 days.	.....	Dr. Ballard, Baltimore.
32. No. XLIX.	70 mm	.....	.....	65 days.	.....	Dr. Snively, Waynesboro, Pa.
33. No. XXIII.	70 mm	.....	.....	65 days.	.....	Dr. Ellis, Elkhorn, Md.
34. No. XXXIV.	80 mm	.....	.....	104 days.	.....	Dr. Ballard, Baltimore.
35. No. CXVII.	100 mm	.....	.....	101 days.	.....	Dr. Atkinson, Baltimore.
36. No. XCVIII.	160 mm	.....	.....	125 days.	.....	Dr. Taylor, Baltimore.
37. No. XLV.	135 mm	.....	.....	143 days.	.....	Dr. Ballard, Baltimore.
38. No. CXXI.	210 mm	.....	.....	190 days.	.....	Dr. Ballard, Baltimore.
Average. ....	.....	.....	.....	.....	.....

TABLE VII.—EXTREME AND AVERAGE MEASUREMENTS IN MILLIMETERS OF THE EMBRYO AND ITS APPENDAGES, AS OBTAINED FROM TABLES I TO VI.

Week.	Length of Embryo.	Dimensions of Umbilical Vesicle.	Dimensions of Chorion.	Age in Days.
Second	Extremes....	.37 to 1.54	1.08 to 1.8 *	5 to 10 ²
	Average....	.93	1.46x1.17	7.7x6.4x6.5
First Half of Third.....	Extremes....	2.1 to 3	1.5 to 2.6	5.7 to 18
	Average....	2.43	2.15x1.33x1.3	11.5x8.6x8
Second Half of Third.....	Extremes....	3.2 to 6	2.5 to 4	14 to 30
	Average....	4.7	3.3x2.2x2	22.3x18.7x8.5
Fourth.....	Extremes....	6.5 to 8	4 to 7	18 to 45
	Average....	7.34	5.3x4.5x4.5	26x19x10
Fifth	Extremes....	10 to 13.6	4 to 6	30 to 40
	Average....	11.6	5.2x4.6x4.5	32x27x15
Sixth	Extremes....	15 to 19	5.5 to 6	35 to 50
	Average....	16	5.7x5	41x32
Seventh	Extremes....	20 to 24	.....	35 to 65
	Average....	22.1	.....	50x41x31
Eighth	Extremes....	25 to 28	.....	40 to 45
	Average....	26	.....	42x37x20
Ninth	Extremes....	30 to 48	.....	40 to 68
	Average....	38	.....	46x41x38

*The extreme measurements of the Umbilical Vesicle and Chorion are the largest measurements in each case; only the first of the average measurements is to be compared to them.

THE TREATMENT OF PUERPERAL SEPSIS.

By John N. Upshur, M.D.,

Richmond, Va.

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READ BEFORE THE RICHMOND ACADEMY OF MEDICINE AND SURGERY, OCTOBER 11, 1898.

Two principles of fundamental importance concerning puerperal sepsis are, first, that in these days of advanced asepsis, puerperal sepsis should not ordinarily occur, and, second, if it does occur, it should be treated aseptically rather than antisepically. An exception to the first principle is found in such cases as are autogenous—a class of cases which, although their existence is denied by competent authority, the writer is convinced are sometimes encountered. These unpreventable ones are exemplified by instances of putrefaction and subsequent sepsis occurring in women, in whose products of conception life has been extinct for several weeks.

When sepsis results from external causes, it is because the accoucheur or nurse has failed to secure surgical cleanliness. This in most instances is highly reprehensible. It is true that in the humble walks of life, poverty, filth and ignorance are powerful factors in the causation

of sepsis, and frequently triumph, in spite of the physician's most watchful care. Elevation of temperature, not dependent upon some easily removable or transient causes, such as constipation or the first secretion of milk, but associated with scanty, offensive or absent lochia, is the invariable indication that infection has taken place, and that prompt clearing of the uterine cavity is imperative.

The writer's method of treatment in these cases is to first irrigate the interior of the uterus with a normal salt solution, remove secundines or other retained foreign materials by means of the sharp curette, then again irrigate freely with salt solution. After thoroughly drying with aseptic cotton or gauze, hydrogen peroxide is applied to the uterine cavity by means of a small intrauterine syringe or an applicator upon which is wound a piece of aseptic gauze or absorbent cotton saturated with the agent. The foam should be removed and fresh applications made until the cessation of foaming gives positive evidence that the uterine cavity has been thoroughly cleansed. This procedure should be practiced daily until the temperature falls to normal and remains at that point. This, in the writer's experience, always occurs within a week. The following cases are illustrative of the efficacy of this mode of treatment:

Case I.—Mrs. H., aged forty, in her seventh labor, as the result of rigid cervix and violent uterine contractions, had rupture of the uterus in its long diameter involving four-fifths of the thickness of the wall. Mural abscess and sepsis followed, associated with profuse, offensive lochia, the color of dirty dishwater. On the fifth day the uterus was above the pubis and spongy. The ordinarily recommended treatment was practiced without improvement, but on the eighth day the method above detailed, with hydrogen peroxide, etc., was instituted, with the result that the temperature immediately fell to the normal point and the patient made a good recovery.

Case II.—Mrs. D., delivered of her third child two months prematurely. Baby, much emaciated in consequence of interference with nutrition from placental degeneration, lived twelve hours. Within the first five days the temperature ranged from 101 degrees to 105 degrees Fahr., and the usual concomitant symptoms of sepsis were present. On the sixth day after delivery, curettage with free douching of hot salt solution was practiced and the usual application of hydrogen peroxide was made. Temperature taken half hour after treatment showed a fall of one degree, while on the seventh day it was normal. From this date on, convalescence was uninterrupted, and the patient was out of bed as early as though no complication had occurred.

Case III.—Mrs. S., after rapid delivery, did well for nine days, when the usual symptoms of puerperal sepsis appeared, due in all probability to her wretched surroundings, lack of proper nursing, etc. The treatment above detailed was exhibited, the temperature promptly returned to normal, and there was speedy and satisfactory convalescence.

The *rationale* of the treatment by hydrogen peroxide is that this agent causes a rapid oxidation or super-oxidation of effete organic matter, thus completing in a very short time what it would take the unassisted process of nature a dangerously long period to accomplish. It initiates, but infinitely improves and accelerates the efforts of the human organism to remove offending foreign materials.

The advantage of this agent over mercuric chloride, carbolic acid, and other agents that act chemically, is that it is non-corrosive and non-destructive of healthy tissue. Furthermore, the results obtained from the use of hydrogen peroxide are vastly superior to those obtained by the use of any other agent, so that the writer now approaches the treatment of puerperal sepsis with less fear of unfortunate results than he has ever before experienced.

Medical Progress.

REPORT OF PROGRESS IN DERMATOLOGY.

By *T. Caspar Gilchrist, M.R.C.S., L.S.A.*,
Clinical Professor of Dermatology, Johns Hopkins University, and Attending Physician to the Johns Hopkins Hospital Dispensary, and Clinical Professor of Dermatology, University of Maryland.

REST IN THE TREATMENT OF DISEASES OF THE SKIN.

ALLAN JAMIESON of Edinburgh made this the subject of his presidential address at the last meeting of the British Medical Association (dermatological section). He said that as far as absolute rest was concerned it was impossible to obtain this in the case of the skin. On removing a bandage which had been applied to the limb for a week one could rub off the skin numerous dry, loose epidermic scales, showing that although the limb was immovable and air was excluded, yet a cornification of the upper layers of the skin went on as usual. In the same manner the function of the sweat and sebaceous glands still continued, as evidenced by the odor.

Rest, as far as cutaneous diseases were concerned, consisted of the removal of irritants.

The popular idea, which is a remnant of the old humoral pathology, that an eruption indicates a diseased condition of the blood, is quite a wrong one, and there is hardly any one disease of the blood which can be positively asserted to be the sole cause of an eruption. Anemia is a predisposing cause and scrofulosis a determining one. The skin ought to be

given rest from the deeper side as far as can be done therapeutically, i. e., internal causes should be corrected, e. g., attention to diet, application of cutaneous sedatives (antimony, etc.), hematinics and agents which influence metabolism, as arsenic. Rest can be secured for the skin by freeing it from the effects of the overactivity of its own constituents or appendages, e. g., in ichthyosis, where the most prominent feature is the continual accumulation of horny layer instead of the regular and imperceptible desquamation.

The author here recommends keratolytic applications, of which resorcin is the chief, and as a soap, supplemented by its employment as an ointment. In this way the epidermis is made to rest.

The seborrheic diseases are next discussed, and Jamieson considers that the parasitic origin of these affections still remain not proven. In the treatment, besides removing the accumulation of oil and degenerated epidermic scales, the anemia must be corrected and ergot or ichthyol given to constrict the vessels of the periglandular plexuses. Sulphur and the astringent action of cold water are the principal local remedies.

In hyperidrosis, where the sweat glands are overactive and the tissues become converted into a swamp, keratoplastic agents are employed, e. g., 3 per cent. salicylic acid in a bland powder, as talc or orthoform.

Rest is often very necessary to modify abnormal perversions of functional activity. Pruritus is the commonest example. In infants one must remember the skin is very tender and still undeveloped. One of the most troublesome neuroses is urticaria papulosa, which is due to bad hygiene and improper dietary. These are to be corrected by giving plain food and ablutions, with gruel, or with superfatted naphthol soap. Cotton or flannelette is to be worn next the skin and inunctions of glycerine of starch applied. Internally antipyrine in small doses at night is recommended. In pruritus senilis pilocarpine will be found efficacious, and the glycerine of starch applied externally. In the aged the softest wool should be worn next to the skin.

In discussing the rest necessary in the treatment of the various conditions of eczema the author emphasizes the use of soothing applications in the weeping form, e. g., boric starch jelly. In the more chronic forms more stimulating remedies are required, and salicylic acid plaster is very efficacious. In eczema of the face most rest is obtained by the use of Unna's zinc ichthyol salve muslin.

Finally, the author, in speaking of the treatment of erysipelas, praises ichthyol very highly, and says he has never known it to fail.

He advises it to be applied as a 25 per cent. ointment, made up with chalk and vaseline and then cover the part with cotton-wool.

WHAT ARE WE TO UNDERSTAND BY ECZEMA?

In a paper with this title which Malcolm Morris presented at the last meeting of the British Medical Association the author, after entering into the question in considerable detail, finally concluded by saying that there were now some grounds for accepting Unna's view that many cases of eczema, and especially the seborrheic variety, were of parasitic origin; others were distinctly of neutrotic origin.

Morris defines eczema broadly as follows: "It is a disease the most striking clinical character of which is the infinite variety of lesions by which it displays itself; originating in the action of parasites on a skin the resistance of which has been enfeebled by pre-existing disease or structural abnormality, or by disordered innervation; sometimes made more intractable by gout and other constitutional states, but having no direct relation to the general health."

INTRA-MUSCULAR INJECTIONS OF CALOMEL IN THE TREATMENT OF SYPHILIS.

Michel and Roche (*La Presse Médicale*, No. 49, 1898) record the results of their experience at the Charité Hospital, Marseilles, in the treatment of prostitutes for syphilis. During three years 1242 injections were given. One hundred and thirty-five women were treated in this way; twenty-one on the second or third

day after the appearance of the hard sore, and almost all the remainder when in the secondary stage.

The majority of the patients received eight to twelve injections, which were given every two weeks.

The authors consider this method preferable to others in hospital and private practice. The drawbacks, they assert, have been exaggerated. They conclude that the pain after injection was never severe, and abscess only occurred four times. Freshly-prepared material is recommended each time, and four centigrammes are used at a dose. (The treatment by injection has not been found preferable to the usual mode of treatment by the mouth or by inunction, which is universally used in this country, and the reviewer cannot concur in the advantages which Michel and Roche claim for the treatment by injection of insoluble mercurial salts.)

THE SERUM EXANTHEMATA OBSERVED IN
THE ANTITOXINE TREATMENT OF
DIPHTHERIA.

Berg (Medical Record, N. Y., June 18, 1898) considers that as many as 24 per cent. of the cases which have had antitoxine treatment exhibit later a rash. The character and severity of the eruption varies. The author divides the eruption into four groups: 1. The simple erythema. 2. Scarlatiniform eruptions with or without desquamation. 3. Morbilliform rashes which may or may not scale. 4. The erythema multiforme type with urticarial lesions. The first and last are the commonest. Broncho-pneumonia, nephritis and otitis media have also been observed, as well as a polyarthritis. The temperature is usually raised, the average being 102.5° F. The rash may be localized or general, more commonly the former. From a few hours to many days may elapse between the injection and the appearance of the eruption. The author considers the above results to be due to the serum of the horse, as the same effect can be produced by the serum of a normal non-immunized horse. He recommends filtering the serum through a fine filter, which procedure will prevent the resulting rash. He advises that the serum

be made very strong, so that as little of the serum as possible is used.

THERAPEUTICS OF DISEASES OF THE SKIN.

In a presidential address before the Dermatological Society of Great Britain and Ireland H. Radcliffe Crocker discussed the therapeutics of diseases of the skin (British Journal of Dermatology, July, 1898). He reviewed some of the principal improvements which have been made during the last twenty years and the grounds upon which they have been based. He considered that the only sound foundation for building up a reliable superstructure in therapeutics depends on our improved knowledge of the pathology of skin affections. In looking over the therapeutic gains he took as an example, first, the common boil. Previously some thought boils were the effect of too high living, and kept the patients down with restrictions on their diet and their alcohol; others that they were the sign of vital depression, and kept the patients with tonics, port wine, etc. A number of empirical remedies, e. g., calcium sulphide, yeast, etc., were used by some—why, no one knew, and, lastly, the pernicious habit of poulticing was adopted by many. When the discovery that boils were due to the local invasion of pus cocci into the follicles of the skin, then the mystery of the etiology became clear and treatment was simple. Persistent local disinfection of each boil is now the treatment, which, as a result, is considerably shortened to what it used to be. Affections allied to boils, viz., carbuncles, ecthyma, impetigo contagiosa, etc., are treated similarly. So the aim in all this new treatment is to destroy the pus cocci which set up the inflammation.

Whenever the skin is disturbed by inflammation or other lesions it is liable to be invaded either from without by various bacteria or from organisms normally dwelling in the skin itself. Examples of this are shown in multiple gangrene of children following varicella, vaccinia, etc. Treatment similar to that described for boils and carbuncles is applicable here.

The part played by secondary invasion of organisms is of importance in chronic eczema and explains the success of

Hebra's tar baths in these cases. The author says that these new views do not dismiss the older ideas entirely, which are yet accepted only in a very limited sense, e. g., diabetes mellitus is a well-known predisposing cause of boils, carbuncles and abscesses. So that the condition of the man is an important factor in the *rencontre* between microbes and man.

The author next refers to the use of thyroid extract, which has proved successful in some diseases. It is a drug which has a marked effect on the nutrition of the skin. He asks the question whether, since external antiseptics have been so successfully used, similar effects cannot be obtained by internal remedies. Something has been done in this way, e. g., by intramuscular injections of mercury. Other diseases, viz., leprosy, psoriasis and lupus have also been treated in a similar manner, but with, at present, only partial success. The writer also refers to the fact where some drugs which break up in the body and set free substances which have a microbic action are of use in some skin diseases, e. g., salicin, which sets free salicylic acid in the circulation, and ichthyoil, which sets free sulphur.

Foul perspiration has been shown to be due not to the excretion of foul sweat, but to the decomposition of the sweat after excretion by the bacterium *fetidum*, and local antiseptics would prevent this. Sulphur administered internally both prevents the smell and diminishes the excess. Since sulphur is eliminated by the skin, it therefore practically sterilizes the sweat.

With reference to the toxines, e. g., tuberculin, the results are as yet too uncertain to make any definite statements.

* * *

THE CURE OF TETANUS.—The daily press reports an interesting case from New Jersey of a patient who had been accidentally inoculated with tetanus. The tetanic convulsions came on to an alarming degree and all hopes for the patient's life were despaired of. Finally the anti-toxic serum of tetanus was injected into the body, with little or no effect. As a last resort the skull was trephined and the serum was injected into the brain, with almost immeditate good results, and the patient went on to complete recovery.

THE FACULTY'S CONSTITUTION.

AMONG communications recently recently received is one from which we quote the following:

A card has been issued giving notice of a special meeting of the Medical and Chirurgical Faculty on November 9, for the purpose of considering and adopting the revision of the constitution.

April 28, 1898, Dr. Edward N. Brush offered the following resolution:

"Resolved, That the Executive Committee and Trustees combined be directed to report at the semi-annual meeting of this Faculty an amended Constitution and By-Laws, arranging a codification and eliminating obsolete and useless material, and at the same time retaining its historical value."

We hope that the joint committee, after taking such a long time at its work, will be considerate enough to send each member of the Faculty a copy of the proposed constitution a few days before the meeting, so that all may have an opportunity to vote intelligently upon this important matter.

Your editorial upon this subject in the number of the JOURNAL for May 28 was very opportune and suggestive and would bear repetition at this time.

It must, indeed, have been a very difficult matter for the members of the two committees to know which committee they were acting for, as four individuals appear to be on each committee:

<i>Executive Committee.</i>	<i>Trustees.</i>
WILLIAM OSLER.	WILLIAM OSLER.
L. M. TIFFANY.	L. M. TIFFANY.
WM. H. WELCH.	WM. H. WELCH.
T. A. ASHBY.	T. A. ASHBY.

This matter of double personality seems to be a very prominent feature in the committees of the Medical and Chirurgical Faculty, but when, in a matter so important as the revision of the constitution, it is deemed advisable to refer it to a joint committee, it would seem desirable for many reasons that the two committees should not consist so largely of the same persons.

The practice of re-electing the trustees at the expiration of their term is also liable to abuse, even if it is not absolutely contrary to the resolution under which they were originally constituted, which says, "the Board, being so arranged that

one member shall retire annually and one be elected annually by the Faculty." Would it not be well to establish a rule that at least one year shall intervene before a trustee is again eligible to election? This would prevent the recurrence of an unseemly amount of canvassing and electioneering on the part of the trustees in order to have one re-elected whose term had expired.

* * * * *

ERGOT IN CHRONIC MALARIA.—Dr. A. Jacobi in the Medical News records his experience with the use of ergot in chronic malaria. He selected several cures at random, and his results were so good that he draws the following conclusions:

1. There are cases of chronic intermittent fevers with large tumefaction of the spleen that, after having resisted the action of quinine, arsenic, methylene blue, eucalyptus and piperine, are benefited by ergot.

2. When enlargement of the spleen is not old and not firmly established the contracting effect of ergot is noticed within a reasonable time.

3. The attacks will disappear before the diminution in the size of the spleen is very marked.

4. Though temperatures, after the employment of ergot, remain irregular and now and then somewhat elevated, chills, as a rule, are not noticed with this elevation.

5. Plasmodia do not seem to disappear from the blood so rapidly as they do after quinine, when the latter is effective. But even while some are still present, the attacks being more or less under control, the patient will feel better.

6. Complicating local pain requires additional treatment with ice, or cold douches, or heat; chronic hyperplasia demands iodide of potassium or iodide of iron. Digestive disorders may indicate, as they often do when quinine is expected to act, before the employment of ergot, an emetic, or a purgative, or stomachics.

7. An experience extending over forty years in which I have used ergot in many instances justifies me in asserting at least this much—that there are many cases of chronic malaria, apparently intractable, that will get well with ergot.

8. There are cases, occasionally, in which the return of elevations of temperature after the successful use of ergot makes the combination of ergot and quinine or ergot and arsenic advisable, though quinine and arsenic had not been successful previously.

9. Ergot, like quinine, probably by its sudden contracting effect on the spleen, and by the forcing of large quantities of plasmodia-laden blood into the circulation, is, in chronic malaria, when hydremia and spleen tumor are excessive, capable of bringing on the very first attack of chills and fever.

10. Recent cases of malaria have got better, or were improved under the extensive use of ergot, but many resisted a long time; that is why acute cases should rather be treated with quinine.

* * * * *

SYPHILITIC PHLEBITIS.—In the Lancet, Dr. Barbe remarks that syphilitic phlebitis is not often described, perhaps because it is imperfectly known and passes unnoticed. Sometimes the lesion is localized (venous gumma), sometimes it affects a certain extent of the vein. Langenbeck was one of the first who drew attention to syphilis of the veins. In 1881 he extirpated a tumor in the neck as a cancer. The microscope and ulcerations in the mouth and throat which followed showed it to be a gumma. It grew from the external coat of the jugular vein. He relates another case in which a similar diagnosis was made and a gumma of the femoral vein was removed. The patient died from pyemia. In 1872 Gosselin observed in a syphilitic woman, aged sixty-five years, a painful and tender swelling in the upper part of the calf, beneath and not adherent to the skin. Palpation revealed a cord four centimeters long and one broad. There were no varices. He diagnosed gumma in the external coat of the external saphenous vein, and under specific treatment the patient was relieved in fifteen days. Gosselin further observed in a case of secondary syphilis precocious gummata in the cellular tissue and in both internal saphenous veins. Dr. Heuzard, in his *Thèse de Paris*, 1898, describes secondary and tertiary phlebitis. In the former several veins are affected together or one

after the other, in the latter the phlebitis may be circumscribed (gumma) or diffuse. Secondary phlebitis affects principally the saphenous veins. It manifests itself at first by congestion, which may take the form of red lines corresponding to the course of the veins. Palpation reveals tender cord-like induration of the veins and edema of the leg. Specific treatment is rapidly successful. Sometimes there is a relapse. The veins usually remain permeable. In tertiary phlebitis the veins are sometimes obliterated, sometimes varicose and elongated. Recovery is not always complete; sometimes induration remains.

* * *

TREATMENT OF SUBCUTANEOUS RUPTURE OF LARGE ARTERIES.—Lejars (British Medical Journal), who has collected from various sources thirty-two cases of traumatic rupture of large arteries, and added to this list two cases treated by himself, insists on the importance in the early treatment of such injury of very careful disinfection of the skin of the limb supplied by the ruptured vessel. Gangrenous phlegmon, which so often causes serious and, indeed, fatal, mischief in such cases, owes its origin, the author holds, to the introduction of pathogenic microbes by small and superficial skin lesions, which are apt to be regarded as of slight importance. It is thought that in some cases of ruptured artery active surgical intervention, at an early stage, might be applied with good results. With abundant effusion of blood it would be well to lay open the seat of injury with the objects of clearing away the clots and of securing by ligature the ruptured vessel. Such treatment, which might have the further advantage of preventing peripheral embolism, has not yet been practiced in cases of simple arterial rupture and is suggested rather than advocated by the author. In cases in which gangrene has followed the injury to the artery, early and high amputation of the affected limb is urgently included whenever serious and threatening symptoms are developed. In conditions that are less alarming the author would endeavor to save the limb by a method of embalming, and resort to free inci-

sions, injections of very hot water and the application of thick dressings saturated with alcohol. Such treatment, he states, will often give good results in apparently desperate cases.

* * *

COMPLETE RUPTURE OF THE TRACHEA.—An instance of this rare lesion is noted in the Lancet in a man, aged seventy-three years, who was struck by an elevator on the back of the head as he was looking down the shaft, with the result that he was knocked down, breaking his sternum. He survived the accident in St. George's Hospital fourteen days, and at the necropsy it was found that the trachea was torn completely across. Although the injury is very rare, many cases have been recorded in medical literature. The cause of the accident has generally been a severe blow or the passage of a cartwheel over the throat; in one case it was due to a forcible bending backwards of the head. Urgent dyspnea and much subcutaneous emphysema are the usual symptoms, and death generally occurs within a short time, but, though death is the common termination, recovery has ensued in at least three cases—in two, recorded by Lang and Wagner, without tracheotomy, and in one, recorded by Lauenstein, in which the trachea had to be opened. It is not improbable that in the case referred to above the fatal result was due to the other injuries sustained rather than to the rupture of the trachea.

* * *

THE GENERAL PRACTITIONER.—The specialist has grown to be a very important man. The general practitioner, however, is not altogether neglected, and Dr. James Tyson says, in an address in the Medical News, that the general practitioner of the present day is, in point of fact, a man who practices all the departments of medicine as distinguished from surgery; who practices midwifery, surgery and gynecology, except the major operations demanded by it and by surgery, and who treats also the minor affections of the eye and ear. While this is practically true of the general practitioner of the city, the field must be extended in the country to include all operations, delay in which is dangerous to life.

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BALTIMORE, OCTOBER 29, 1898.

WITH the advent of the fall and winter season new interest is taken in work which has been interrupted by the heated **The Faculty's** term. In connection with the **Library**, approaching meeting of the State Society at Frederick, it may be well to look again at the great advantages of a large and well-equipped library, useful not only to the profession of Baltimore, but accessible to all members throughout the State. The library committee and the Book and Journal Club have both united to make valuable additions to the library shelves, and these accessions, together with what has been added by private donations, has greatly increased the value and scope of the library.

It is the desire of the JOURNAL to publish from time to time such lists as may be obtained from the librarian of the titles of new books and journals, so that members may be apprised of the latest acquisitions to the library.

Not only is the profession using more and more this valuable and convenient library, but the generous ones who have done so much to make it a modern reading-room have given prospects of doing more. Mr. Frick has ex-

pressed himself as so much pleased with the appreciation of the physicians for his gift that he has promised to do still more in the future.

The following is a list of the books most recently added:

Allbutt, System of Medicine. Volume 6.

Cripps, Ovariotomy and Abdominal Surgery.

Da Costa, Manual of Modern Surgery.

Hare, Practical Therapeutics. Seventh edition.

Hirsch, Genius and Degeneration.

International Clinics. Eighth series, volume 2.

Ireland, Mental Affections of Children.

Loonis-Thompson, System of Practical Medicine. Volume 4.

Osler, Practice of Medicine. Third edition.

Polk's Medical and Surgical Register. 1898.

Schenk, The Determination of Sex.

Scheppegrrell, Electricity in Diseases of the Nose, Throat, etc.

Thompson, Clinical Examination and Treatment of Sick Children.

Tillmann, Text-book of Surgery. Volume 3.

Twentieth Century Practice, Infectious Diseases. Volume 15.

Vaccination and Its Results (New Sydenham Society, 1898).

* * *

THE study of embryology has not received the practical attention which it merits. The exact value of embryological **Specimens** is not appreciated by the practicing physicians, and such specimens are too often thrown away, when their preservation and study would throw much light on important questions. Dr. Mall shows in this issue what he has gleaned from a number of specimens sent to him at his request by physicians throughout the country.

The study of the exact developmental stage of the ovum throws light on the time of ovulation, and the microscopical examination of the ovary gives more correct views as to the time of pregnancy. Dr. Mall, who has collected through the courtesy of physicians many embryological specimens well worth studying, asks again that physicians will send him all such specimens, and offers to furnish jars containing the preserving fluid to all those who will send him specimens. Embryology is an important branch of medicine, which should recommend itself to all practical physicians.

Medical Items.

We are indebted to the Health Department of Baltimore for the following statement of cases and deaths reported for the week ending October 22, 1898:

Diseases.	Cases Reported.	Deaths.
Smallpox.....	..	..
Pneumonia.....	..	8
Phthisis Pulmonalis.....	1	29
Measles.....	1	..
Whooping Cough.....	..	..
Pseudo-Membranous Croup and Diphtheria.	81	12
Mumps.....	..	..
Scarlet Fever.....	14	..
Varioloid.....	..	..
Varicella.....	3	..
Typhoid Fever.....	16	4

Dr. H. O. Austin of Albemarle county, Virginia, is dead.

Dr. J. B. Crane of Waynesboro, Augusta county, Virginia, is dead.

The French Congress of Gynecology, Obstetrics and Pediatrics at Marseilles was a great success.

Medical men in Paris find that the oil-motor tricycle is a much cheaper and more satisfactory means of getting over ground than is the horse and carriage.

Attention is again called to the special meeting of the Faculty to revise the constitution on Wednesday night, November 9. A communication in this issue is worth reading in this connection.

The outbreak of bubonic plague in Nothnagel's laboratory is a very sad occurrence. Barisch, the student, is dead; Müller, the physician who attended him, is also dead, and the nurses are also ill from the same trouble.

Other meetings of importance are the two sessions of the Maryland Public Health Association, one at Easton, November 10 and 11, and the other in Baltimore, November 30, to consider the subject of public baths.

The annual meeting of the Board of Visitors of the Western State Hospital of Staunton, Va., was held last week. The report of Superintendent Blackford shows that 1041 patients were treated during the year ended September 30.

The Board of Medical Examiners of Maryland will hold the semi-annual examination November 9, 10, 11 and 12, at Faculty Hall, 847 North Eutaw street, Baltimore. Applications will not be received after November 5. J. McP. Scott, secretary, Hagerstown, Md.

At the last meeting of the Medical Examining Board of Virginia, of three applicants from the Baltimore Medical College, two were rejected and one licensed, and from the Baltimore University School of Medicine the one who applied was rejected. There were no applicants from other Baltimore schools.

Dr. Louis C. Horn, a well-known physician of Baltimore, died at his home last Sunday, aged fifty-eight years. Dr. Horn was born in Germany, and came to this country when ten years old. He was graduated from the Maryland College of Pharmacy in 1859, and from the University of Maryland in 1869. He leaves several children, among them Dr. August Horn.

The death of Dr. Hezekiah Starr removes from the profession of Baltimore one of the oldest graduates in the State and a man highly respected by his colleagues. Dr. Starr was born in Baltimore eighty-two years ago, and received his degree at the University of Maryland in 1836. He was a member of the State and local medical societies and was an omnivorous reader.

The mortality of the city of Havana for the week ending Thursday, October 6, 1898, is as follows: Yellow fever, 9; enteric fever, 46; malarial fever, 57; pernicious fever, 32; enteritis, 74; dysentery, 28; tuberculosis, 60; pneumonia, 5; starvation, 3; diphtheria, 1; total, 315; deaths from all causes, 536; deaths in military hospitals from yellow fever, 6; deaths in the city from yellow fever, 3; annual ratio per 1000, 139.36.

The profession is again notified that the State Faculty will hold its next semi-annual meeting at Frederick on Wednesday and Thursday, November 16 and 17, and it is desired to have a large representation not only from Baltimore, but from all over the State. Reduced rates will be obtained from the railroads and the hotels there, and further notice will be given next week. Dr. Lord would like to receive promptly titles of papers from persons who really intend to be present and read them. It is not desired to fill the programme with dummy titles.

Washington Notes.

Major-Surgeon Walter Reed has been ordered to inspect the sanitary condition at Natural Bridge, Virginia, in prospect of establishing at the picturesque spot a hospital for convalescent soldiers.

A training school for nurses will soon be established in connection with the Columbian University Hospital. The hospital has accommodations for thirty patients in the public ward and a large number of private rooms.

The mortality in the District during the past week was 100, death-rate being 18.55 per 1000. There were five fatal cases of typhoid, six of diphtheria and one of scarlet fever. There are at present 131 cases of diphtheria and ninety cases of scarlet fever.

Surgeon-General Sternberg is visiting the new hospital at Fort Hamilton to arrange for the proposed addition to provide for the sick soldiers to arrive here during the winter. A smaller hospital is to be erected at Fort Wadsworth.

At the Medical Society, District of Columbia, Wednesday, October 26, Dr. Reyburn presented his personal investigation of the Potomac river at Piedmont and Cumberland, Md. Dr. I. S. Stone read a paper upon "Nephrectomy for Cystic and Fatty Degeneration of the Kidney," and Dr. Allen presented a case of syringomyelia, with specimen.

There is a plan proposed for the consolidation of the milk business of the city. The idea is to have a central station furnished with a cold-storage plant, with various modern facilities for handling the milk and keeping it sweet and pure. The milk brought to the city will be bought by the combination and distributed throughout the city over the routes now managed by the local dealers.

Authority has been given the Surgeon-General to convene from time to time boards of medical officers at camps, hospitals or wherever required for the examination of acting-assistant surgeons now in service and of candidates for appointment. Up to the present time, from the onset of the war, the Surgeon-General has made the appointments from professional and other indorsements the candidates were able to give on account of the urgent necessities of the service.

Book Reviews.

THE CARE OF THE BABY: A MANUAL FOR MOTHERS AND NURSES. Containing practical directions for the management of infancy and childhood in health and in disease. By J. P. Crozer Griffith, M.D., Clinical Professor of Diseases of Children in the Hospital of the University of Pennsylvania, etc. Illustrated. 1898. Second Edition, revised. Price \$1.50. (Subject to the usual trade discount.) Philadelphia: W. B. Saunders, 925 Walnut St.

The general without trained lieutenants is powerless to attain great results. So, in medicine, surgery and obstetrics, the trained nurse has become an absolute necessity to the more highly educated practitioner in these lines. In pediatrics, which is largely concerned with the nurture and perfect development of the infant and child, the era of the trained child's nurse seems still at the far infinites. In the training of the mother, therefore, lies the present hope of the pediatrician. And, as pediatrics grow ever more accurate and comprehensive, so must the mother be provided year by year with ever more thoroughly up-to-date textbooks of instruction in her own peculiar duties, that she may do her part well, that a simple command of her medical director may be carried out understandingly in all its details.

Such a need Dr. Griffith, an expert in pediatrics well known throughout the land, has met in the octavo of 400 pages before us. The garb of this little volume is attractive; the type, as is the rule in the publications of this house, wholesome to the eyes; the style of the writer inviting, and the instruction to the mother thorough and judicious. Among the subjects treated are the self-care of the expectant mother, the growth of the baby, its toilet, clothing, food, sleep, training, the child's nurse, the nursery. A chapter is given to the illness of the baby, which the mother may have to treat in emergencies, all attempts to make a doctor of the mother being avoided.

In the appendix are recipes for the sick-room and a table of doses of familiar drugs for a child one year old—a feature, very desirable, which we have not seen in other pediatric books—the dosage being fixed far within the limits of safety, and general rules for estimation of the dose for various years. This list, as well as the list of articles for the medicine closet, will, doubtless, be revised and simplified in future. A rule of frequency of dose and certain danger signals of overdrugging might be added.

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Original Articles.

DOUBLE PERSONALITY.

By William Lee Howard, M.D.,
Baltimore, Md.

A PAPER READ BEFORE THE CLINICAL SOCIETY OF
MARYLAND, OCTOBER 21, 1898.

UNDER this rather ambiguous title I shall give a few psychological facts consistent with modern physiological knowledge. I use the expression ambiguous title because the following paper does not emanate from a metaphysical view point; because it avoids any recognition of the universal postulate of Spencer, and takes no present cognizance of the dynamics of consciousness as explained by Hume, or of the jumble of metaphysics, psychology, physiology and gullibility now prominent in many pseudo-scientific societies.

Many of the provisional hypotheses put forward by the philosophers to explain the phenomena of double consciousness and multiple personalities make the results of physiology involve subjective data. This attitude and method of reasoning only raises perplexing metaphysical questions as to the substantive or dynamic nature of mind. Such purely metaphysical hypotheses must be very carefully differentiated from what we can with fairness accept as postulates pertaining to the departments of physiology and psychology. As Hyslop says: "In the study of medicine there is a preponderance of the somatic element, and little or no regard is paid to the psychic element." According to Hartmann, the reason of this neglect is to be found in the fact that philosophers by profession are not necessarily physiologists, and, on the other hand, that physiologists are seldom

enough philosophers to handle their subject successfully. However, I believe that the physiologists are more inclined today to rational philosophical reasoning than are philosophers to physiological investigation.

I believe all phenomena to be natural phenomena, and hence explainable by natural methods of observation and induction. While some phenomena are at present unexplainable, yet there is a daily increase of our knowledge, in our application of that knowledge, and a vast improvement in the development of human individuality, all of which argues for a clearer understanding of these phenomena in the future. I think I may state without the fear of contradiction, that today the referring of any unexplainable phenomena to supernatural cause belongs to a class outside of the medical and allied scientific circles.

Perhaps a title that would better explain my subject for tonight would be "Morbid States Altering the Normal Personality." But even this is misleading to those unacquainted with physiological psychology, as it conveys an impression of a distinct pathological state, altering the normal brain—a condition seen daily by the practitioner and foreign to our meaning. The practitioner must remember that the modern physiological psychologist is an investigator of mental or psychical diseases in contradistinction to cerebral diseases without psychical disturbance or manifestations.

In this paper I refer to a condition in which there is a displacement of the ego by which the "I" which perceives the abnormal is not the "I" which was wont to perceive the normal. This state must not be confused with a condition of disturbed or disordered consciousness found

after traumatism to the head, certain amnesic states following fevers, etc.

Carpenter, Bastian, and even Binet, all blundered in attempting to separate the subconscious state from states of disturbed consciousness arising from mental confusion. Fortunately, with the advances in physiology and neuropathology such blunders are avoidable at the present day.

One point in which the state of second personality differs from an insane state is to be found in the fact that in the former a large part of the memory, or all of it, is blotted out, and the mind is unable to compare present facts with the experiences of the past, whilst in the insane the memory of remote events is often unimpaired.

In speaking of double personality, I refer to a phychical condition which dissociates the elements of the mind and then combines them into a distinct, separate and strange personality. During this state the individual has no recognition of his normal state. He bears a different name, has another occupation, perhaps resides in a distant town from his own, acts rationally, and is fairly successful in his new vocation. He suddenly returns to his primary self, and goes back to home and business. During the period of time he is another individual, another personality; a period of time which may last for weeks or years, he has no consciousness of the existence of his normal body, or, rather, no lucid consciousness belonging to that body. Under such conditions an individual has a perfect dual existence, so far as continuity of conscious events is concerned. These cases are not as uncommon as one unfamiliar with morbid states would imagine. I could entertain you during the time allotted to me this evening with recorded histories of "people who drop out of sight," but one case coming under my observation, and not heretofore published, will give us a basis for study of these interesting and perplexing alternating personalities.

The instances of alternating personalities may be divided into two groups, according as the alternation is complete or incomplete. But tonight I shall only re-

fer to the complete alternation and to the dual form, the incomplete and multiple forms to be referred to at a later date.

Mr. B., a respected business man; married and the father of three children. His position caused him to travel extensively in America—from the Pacific to the Atlantic oceans; from the Gulf of Mexico to Hudson bay. About ten years ago he commenced to go away from home without giving any definite statement of where he was going or when he would return. Upon his return he would not, or could not, give any direct answer as to where he had been. On these occasions he appeared slightly dazed in memory and intellect, and his appearance was that of a man who had aged greatly from want of sleep. Two years ago, in the month of October, he disappeared and no trace of him could be found until he returned home on January 14. A man who knew him in his own city found him a month prior to this date conducting a country cross-roads store on the upper Potomac. He carried on business under the name of Simpson, and had been known under this name since he had been in the village. He did not know his former acquaintance, and the repeated mentioning of his true name, "Mr. B.," he at first took as a joke, then became indignant, and was so positive in stating that he was Simpson, giving his past history, stating he was from Oregon, and going into full and complete details of his life and business in that State, that the former friend went away fully convinced of his mistaken identity.

One peculiarity Simpson, as we must now call him, had, was his passion for fishing, giving, as one excuse why he had chosen to settle in the little village, the good bass fishing he could enjoy in the river. On the morning of January 14 he appeared at his own house, to the surprise and joy of his family. He was Mr. B. again, but no questions as to his past whereabouts could he answer. Only when he became convinced of the lapse of time did he realize that something strange and abnormal had happened to him. On account of the position he held the family had kept the matter quiet, and as he was away from the city so frequently

and for long periods his business acquaintances were easily satisfied with excuses. Worried over the state of affairs, and appreciating his lapse of memory, his wife persuaded him to consult me. In his normal condition I could elicit no information, yet he did his best to aid me. His memory of the last three months was a blank, and he was pitifully nervous and worried. Without much difficulty he was hypnotized, and through tentative suggestions he gradually veered around to his other personality. He said, when I suggested his name was unknown to me and he must tell me, "D—n it, you know my name is Simpson; what do you want to bother me about it for? You remember that, or else I don't take you fishing."

"Well, Mr. Simpson, let's go fishing."

"All right; wait till the boy comes back and I will close up the store."

"By the way, Mr. Simpson, how far is it to the city?"

"Oh, about forty miles."

By this manner of questioning Mr. Simpson I found where the body of Mr. B. had been. The next day I hunted up Mr. Simpson's store, and found, indeed, that such an individual existed in the life of the village. Subsequent investigations cleared the whole matter satisfactorily, as far as Mr. Simpson was concerned.

I have hurriedly and abstractedly given an outline of this case, so we may be able to study it from a physiological and pathological view point.

This man had passed through all the privations and excitement of the civil war. He received his discharge along with an unstable neurotic temperament, which demonstrated itself in a demand for alcoholic stimulants, which demand merged into the disease dipsomania. This latter symptom of neuronic disintegration was not distinctly recognized by his home friends, as the attacks were at first very infrequent and occurred among strangers while he was away from home, or, rather, he did not return home until the nerve storm had exhausted its fury—the usual course in attacks of dipsomania.

His continued and reiterated statement that he came from Oregon can be traced to the fact that shortly after the war he had had some exciting and memory-

marking episodes in that then wild and unsettled country. His passion for fishing must be accounted for by early habits, and perhaps atavistic sources.

Now, what particularly interests us is the cause of this second personality, completely submerging the normal self, and this second personality exhibiting itself as a perfectly sane man, rational, consistent and having all the indications of never having been anyone else but the sentient Simpson. Objective symptoms showing marked pathological changes due to excessive use of alcohol were wanting in both Mr. Simpson and Mr. B., and, besides, we must remember the large number of these cases lately studied by trained observers, in which alcohol plays little, if any, rôle in the histories. So, while at first one would be apt to see in dipsomania the leading cause, and hence an explanation, I do not think it played any more than a small contributing cause, contributing occasional excitement to a brain and thereby to its functional product, the mind, in which dissociation of memory had taken place. As demonstrated in the distinct personality of Mr. Simpson, these dissociated elements had become united to form another self, with a few memory and habit elements of the normal self remaining, but none of them associated with that normal self.

It is undoubtedly true that it is some physical state which causes these interesting phenomena of double and multiple personalities; but, as we have no certain knowledge as to the manner in which physical states cause certain mental states, so we are absolutely without any knowledge as to the methods by which morbid physical factors give rise to morbid psychical events.

Whichever way we look at the subject a thoroughgoing materialistic formula must provide a material accompaniment for every apparent activity of the mind. In other words, before we can reach any rational and scientific method of provisional reasoning we must set aside the idea that the real self is an immaterial, invisible, mysterious, unfathomable something, which metaphysicians call mind,

and another class of noninvestigators call soul.

Self can only be considered the consciousness of effort. We recognize our entity, our existence, the current elements of our inner life, by our efforts. Consciousness, then, is the recognition of the thinking self. This is possible only through molecular activity of the brain elements. If these brain elements are added to or subtracted from, if they break up and reunite in a different form, we get a change of personality. This change of brain elements can be brought about in various ways. It can be brought about by disease, drugs, alcohol, hypnotic suggestion and a psychical state which it is at present difficult to satisfactorily explain. We also know that extensive changes in the mass of bodily sensation are frequently accompanied by modifications in the sense of self.

One of the factors associated with self-consciousness is memory, and as this memory may be in abeyance for minutes or years, while a new or secondary memory takes its place, it is readily seen how such a state will result in an apparent second personality, the absence of memory destroying the individual's sense of his normal self.

We see in the case of Mr. B. that the greater part of his normal self-memory was obliterated, and the two elements of this primary state which remained, if the predilection for fishing can be called a memory, had lost all organic connection with each other. His moral side, his business integrity, his character and instincts remained the same. From all the information I could gather, he was a strictly temperate Mr. Simpson; but as his periods of sobriety when he was his normal self would last six or seven months, and as he was Mr. Simpson, the storekeeper, for only three months, we can no more than surmise as to his attitude in this respect. As there was no material change in the active side of Mr. B.'s nature, and as dipsomania is a symptom of a pathological condition, it is reasonable to suppose that Mr. Simpson would go on just as successful a spree as would Mr. B.

While it appears on a cursory glance at

these alternating personalities that when there has been a new combination of the elements of personality the other character has become extinct, a close examination will disclose a connecting link of memory elements observable to the investigator, but apparently unrecognized by the consciousness of the altered self. This brings us to the theory of subliminal self, or, as others put it, the subconscious mind, or, as I prefer to call it, in order to avoid prolixity and confusion, a distinct second self. This second self is considered by some as existing beneath the level of the normal self, and as having its own memories, interests, hopes and fears, as acquainted with the existence of the upper self, and as bearing to it a relation sometime hostile, sometime benignant. (Prof. William Romaine Newbold.) I simply mention this view, held by some of the modern psychologists, as showing the trend of some minds when physiological facts have been carelessly stored away in some of their subconscious minds.

I believe it is in the highest and most complex part of the neuron, perhaps in its assimilating function, that some error exists which allows the memory elements to become dissociated and then differently united to form a secondary memory self. The exact biological and functional state of neuronic factors, the metabolic changes and the possible interruption of the pathway of assimilation and disintegration must be understood before we can make any exact statement as to the direct cause producing these perplexing changes of personality. I believe most, if not all, of these cases can be traced to some early forgotten brain disturbance in fetal life or infancy. The connections among the brain elements are infinite, and if a single germ possesses the organic and latent mental characteristics of the parents, what limits are there to the possibilities of error in function among the millions of the cells of the brain.

However, how many theories may be evolved, the medical man must avoid any complications with questions of epistemology or metaphysics. Complex mental experience is only an inner representative of a genuine externality, and a strict

adherence to this fact should be the attitude of the neurologist.

In giving you a few of my thoughts and ideas on double personality I am fully aware of the mass of interesting theories and arguments I have been unable to mention. There is the idea of atavism, or ancestral influence, in the organization which some scientists have builded upon. The significance of the double brain, and the relation which each hemisphere has to the formation of an idea, is another example. Ireland ascribes the alternate memory of double personality to unequal or alternate action of the cerebral hemispheres. Golz, Hughlings-Jackson, Broca and Fasola have all made interesting experiments along this line. The contributing causes producing these alternation of personalities, i. e., epilepsy, hysteria, mental and moral shock, alcohol and drugs, sexual perversions, hypnotism and the physiological rhythms have all to be studied in their relation to some definite biological, physiological or pathological disturbance in a brain on which is undoubtedly stamped the *damnosa hereditas*.

RENAL FIXATION, OPERATION FOR LACERATION OF THE PERINEUM; PERINEORRAPHY.

By E. E. Montgomery, M.D.,

Professor of Gynecology in the Jefferson Medical College; Gynecologist to the Jefferson and St. Joseph's Hospitals; Ex-President Philadelphia Obstetrical Society; Ex-President Pennsylvania State Medical Society.

CLINICAL LECTURE DELIVERED AT THE JEFFERSON HOSPITAL, BEFORE THE AMERICAN MEDICAL ASSOCIATION.

GENTLEMEN—The operation which I shall do upon this patient can hardly be called a gynecological procedure. She came to Jefferson Hospital about two years ago from the western part of the State; was then suffering from retroflexed uterus and a very much enlarged ovary upon the left side. On opening the abdomen it was found the ovary was cystic, and it was removed. Adhesions were broken up, the uterus brought forward and stitched to the abdominal wall. The

patient, instead of getting the relief we expected, suffered pretty much as before; had considerable disturbance of the digestive track, more or less sensation of pressure and weight about the stomach, frequent palpitation of the heart, leading her to be unable to discharge her duties.

She returned some months later, and upon examination, very much to my surprise, I found the right kidney was quite movable and sagged from two to three inches from its normal; the liver moved backward and forward some three or four inches. This condition I recognized was more than likely the cause of her distressing symptoms, and proceeded to fasten up the kidney. Instead of incising upon the side, I opened externally to the right rectus muscle into the peritoneal cavity, pushed the kidney up, and took two sutures with silver wire, passing the needle through the peritoneum, the renal fascia and the side of the kidney, bringing the sutures out between the ribs, and then incising the skin between the ends of the suture, twisting the wire and burying it. This fixed the kidney firmly in good position, but, unfortunately, it did not remain. She returned with the kidney as freely movable as before.

Today I shall make an incision in the lumbar region, break through the tissue about the kidney, raise up the kidney and fasten it by sutures to the tissues in this region. I believe in this way the inflammation that is set up by the tearing up the fat will be sufficient to more firmly fix it in place. The woman is but twenty-eight years of age, and, as you understand, has already undergone an operation for ventrofixation, removal of the right ovary and curetttement at the first operation, and renal fixation at the second.

We administer chloroform to the patient, as she suffered so severely for forty-eight hours after ether. We use chloroform vaporized by oxygen driven through it. An incision is made parallel to the lower rib, beginning at the quadratus lumborum muscle, cutting through the oblique and transversalis muscles until the lumbar fascia is exposed. As soon as this is opened, the kidney, covered by its fat, can be pushed into the wound. The

kidney is exposed, and its capsule should be opened and turned back, leaving a bare surface for firm union. As the kidney is well up under the ribs, I pass the needle into the structure of the kidney, taking about one-third of an inch of its tissue. A second suture is inserted a little above this, then the bleeding is removed by irrigation with normal salt solution. After securing the sutures, we close the wound with formalin catgut and the external surface with a subcuticular stitch.

Perineorrhaphy.—The next operation is upon a woman who has undergone laceration of the perineum. This laceration extended down to the sphincter, and I bring her before you for the purpose of repairing it. As the vulva is separated, you see the absence of the perineum; the sphincter remains, although the laceration has extended to one side of it. The vagina has been thoroughly scrubbed with a solution of creolin and soap in hot water. This material is washed away with sterile water, and then with alcohol. I shall do a flap operation, splitting the recto-vaginal septum, carrying an incision around the posterior margin of the vulva. I have laid bare the sphincter muscle in order to increase its strength by gathering it up in the first suture.

This operation is a flap-splitting procedure, in which no tissue is sacrificed. We restore the perineum, bring the muscles together and give the patient complete control of the contents of the bowel. The important consideration in every such operation is to make sure that the sphincter is fully restored. If you fail to do this, no matter how excellent a perineum is constructed, the patient will subsequently feel that the operation is a failure, for the reason that she is unable to control the passage of feces or gas. So the first consideration, then, in every operation is to make sure that the sphincter is completely restored.

TREATMENT OF CHLOROSIS.—Besides the administration of arsenic and strychnia, the use of hot baths followed by cold douches has been very effective in cases of chlorosis and in a large number treated in this way complete cure has been reported.

Society Reports.

THE CLINICAL SOCIETY OF MARYLAND.

MEETING HELD OCTOBER 21, 1898.

The meeting was called to order by the president, Dr. J. Williams Lord.

Dr. Joseph H. Branham showed a case of recurrent sarcoma of superior maxilla; removal; exhibition of patient.

This patient has a rather remarkable and extensive surgical history. He is thirty-three years old and has a family history which is unimportant. When about twelve years old he first noticed a lump growing on the right side of the lower jaw. This grew slowly until he was nineteen years old, when Dr. Coskery operated upon him. I assisted in that operation, and have been with him in all his operations since.

The first operation consisted in taking out the inferior maxilla from the median line to the angle of the jaw. He noticed no recurrence for about eight years, at which time he came to the city and part of the new growth was excised by Dr. Bevan. Two years later—that is, four years ago—he came back again and I removed the superior maxilla. At the time of that operation a part of the sphenoid bone was also removed, as its pterygoid process was involved. He made a good recovery and had no trouble again for nearly three years, when he was riding an unruly horse and was struck violently on the side of the face. Trouble began at once, swelling ensued and continued to grow until recently. Four months ago, while playing baseball, he was struck by the ball just below the eye, and a growth began to develop at that point.

Three weeks ago I excised this mass, the size of which can be better judged from this photograph (exhibiting photograph). It extended well up into the temporal region and down into the lower part of the face. There was a separate nodule under the eye. I was afraid that hemorrhage would be considerable, and so made an incision along the inner border of the sterno-cleido-mastoid, dissected down to the common carotid artery, picked it up and placed a sterile

compress upon it, so that an assistant, by drawing the ligature, might control the circulation without danger of injuring the coats of the vessel.

The permanent ligature of the common carotid artery is a very dangerous procedure; according to Dr. Bryant of New York, about 30 per cent. of these patients suffer with serious brain symptoms and die after a few months, so that permanent ligature of the common carotid is too dangerous to undertake as a preliminary to the removal of the tumor of the face. This temporary holding up of the carotid has been suggested by a number of surgeons, and Dr. Johnson of this city read an account of it before the society last winter.

When the deep point of the mass was separated the hemorrhage was profuse, but was easily controlled by packing, and the bleeding from the superficial parts was very slight.

The growth was a spindle-celled sarcoma, and whether these are recurrences or developments of new tumors in a person predisposed to them is difficult to say. The tumor of the superior maxilla developing nine years after the removal of one in the inferior maxilla, and having no apparent connection, would seem to favor the view that it was a new growth. The growth was an extensive one, as the zygoma and external process was destroyed, the malar bone partly destroyed and had to be removed, and the rest of the bones of this side of the face had been taken out previously.

The wound in the neck healed up very rapidly. The artery was examined after the operation and the circulation found to be perfectly free. Holding the vessel in this way might theoretically be considered difficult on account of blood clot forming in the vessel, but experiments on animals seem to show that the danger is very slight, indeed, unless sufficient pressure be made to break the coats. This patient was sitting up in bed on the fifth day after operation, and was sent out for fresh air on the eighth day.

Dr. William Lee Howard read a paper, entitled "Double Personality." (See page 43.)

DISCUSSION.

Dr. W. B. Canfield: I think we are all

acquainted with these Jekyll and Hyde cases, but I do not quite understand just when Mr. B. becomes changed into Mr. Simpson; whether he goes away first, or becomes Simpson before leaving. I have read of one case in which an intelligent, well-educated man left home and became a common laborer, remaining so until met by a former friend.

Dr. Howard: In the case I related the man left home first, and then became Mr. Simpson.

Dr. George J. Preston: This subject is one of extreme interest. If we recall our studies of what used to be called philosophy, of which the most prominent works were those of Abercrombie, Kant and Sir William Hamilton, the most interesting pages were those that dealt with the ego. The amount of space that the old mental philosophers gave to that point was enough to drive one beyond the confines of sane reasoning, and yet it certainly introduced an interesting subject for discussion, bringing into contrast, as it does, psychology and physiology. I think anyone who sees many mental cases is brought face to face almost every day with this question of dual personality. We see it in hypnotism certainly, where we subdue the ordinary ego and substitute another in its place. The same is true in many mental conditions. It is common enough in insane asylums to find individuals who live such a life. They have another individual inside themselves. Sometimes one individual acts, and the next day it is another, etc. I also see it every now and then in post-epileptic conditions.

The most interesting clinical observations, perhaps, that have ever been made on this subject were those of Dr. Azan many years ago. He studied a case for many years, and it is the most striking one ever related. This French girl, of good family history, began to have these attacks early in life. At first she would live the life of someone else perhaps only for an hour or two. As years went on she would live for one month as one person and another month as someone else. For fifteen or twenty years he followed the case, and, finally, towards the end of her life, the long periods were those of

her other self, and she finally left her own personality entirely behind to become permanently the second person.

It raised a medico-legal question, too; for this girl in her second state was seduced and gave birth to a child. The question raised is, to what extent she herself was responsible and what the extent of the man's responsibility. Of course, she was acting as a distinct person, and no one recognized the fact at all that she was peculiar.

There was a case similar to that just related by Dr. Howard reported some years ago of a man living near Boston, who went off for two years to a distant place, where he was found keeping store.

The interesting point of all this is the explanation of it. Of course, we cannot conceive of its occurring without some distinctive pathological basis. We have a number of cases in which the corpus callosum has been absent, and yet nothing of the kind happened, so that throws out the possibility of its being a double action of the hemispheres. As to the possibility of the neuroglia being pushed between the dendrites and later retracting, it is interesting, but not proven. Another theory akin to that which deserves some weight is the fact of loss of memory with disturbance in certain parts of our brain centers. I saw a case lately of an actor who had suddenly lost his memory. He came to Baltimore, and was living with a physician with whom I saw the case. When asked his name, or even the name of his physician, he could not give it. Now, if we push that idea a little, we can conceive of an individual in whom the various processes of memory are cut off, and in whom a certain part of his life becomes a blank. The man I refer to was, so far as conversation goes, perfectly normal, except as to his past life. This question must be worked out, not by the pathologist or physiologist alone, but by the conjoined efforts of both.

Dr. A. K. Bond: It seems to me the question is rather one of loss of memory than anything else. The fundamental fact is that the man forgets his past life, and very naturally tries to make a new life for himself. We have to take into consideration in these cases that, in the

first place, they are very difficult indeed to examine properly. A great many men lie, and it must be difficult indeed to determine when such men are telling the truth. This simple fact that a man says he does not remember does not prove that he does not remember it.

The thief, murderer and other criminals have many lives. They want to forget their past acts every month or so. I do not mean to insinuate, of course, that there are not many cases of dual life, but they must be difficult to get at accurately.

Now, as to the matter of change in character. I suppose our character is the result of a great many forces. I suppose that every individual starts into life with a number of egos, and some of us are conscious that there are many departments to our life that we might work out. If the individual chooses to follow one line, he will be one sort of man, for instance, a philosopher, but he might have chosen to be a man of some practical work. His character depends upon his choice and his keeping his attention fixed upon that choice. In the child there are certainly strong tendencies to double personality. Children are fond of imagining that they are this or that. I presume the true actor tries to think he is this new personage, and becomes for the time the person he impersonates. So I should think that double personality might to some extent depend upon the fixing of the attention to some set of ideas that he had never developed before. There is the Dr. Jekyll and Mr. Hyde in almost everybody. There are plenty of men who live two different lives.

I think that this double personality, as you call it, is, in the first place, founded on loss of memory, and, secondly, that it is the development of tendencies already within us and which we have the power to take up upon laying down our present character.

Dr. Charles G. Hill: This matter of double personality, as it is called, has been presented in many phases by Dr. Bond. It is very convenient sometimes for a man to try to lose himself that he may get away from debt, family troubles, etc. Such cases must be eliminated.

Other cases, too, where patients imag-

ine themselves to be some great personage, such as Napoleon or Shakespeare, must also be eliminated. A young woman was brought into our institution a short time ago who conceived the idea that she had assumed a grotesque condition. She insisted that she was a man, wore her male attire, her father's hat, and carried a cane. She did not wish to be classed with the females, and when sent towards the female ward, walked like a man and insisted that she should go to the male side of the house.

These cases of double personality, though, are much more common than suspected. It has not been three months since two young men came to see me, and one said that on the Monday before he remembered leaving his home in New York to go to his place of business, having in his mind that he should go to the bank that morning. From that time forward his mind was a complete blank, until that very afternoon, when a friend met him and brought him to himself. He realized that he had been lost on his way from home to his place of business, but where he had been he had no idea. He thought he went to Philadelphia, stopped at a hotel there, where he spent some time, and also recalled some other point between there and Baltimore, where he got off the train for awhile. When he arrived in Baltimore he did not know.

I afterwards learned that he had, upon leaving his home, gone to the bank, drawn between \$1000 and \$2000—he was a traveling man—went to his usual hotel in Philadelphia, transacted his business in that city, left his money in the hotel safe, came to Baltimore and registered at one of our hotels, and proceeded to visit his customers. No mistakes had been made, and all his business affairs had been kept straight, though he remembered nothing between Monday and Friday. Another similar case is the following:

A man left his place of business, went to the bank and drew some money and boarded a train. His family expected him home for dinner. At first it was expected that there was a woman in the case, or that his business accounts were not straight. His accounts were examined and found correct. He owed no money.

The matter of a woman was easily eliminated, and yet he had taken several hundred dollars and disappeared. His wife soon received a letter from Chicago, and from its tone he seemed in good spirits. She answered it, but missed him, and next heard from him at Jacksonville, Fla. Her next letter came from Chicago again, and the following one from New Orleans. He wrote from each place a description of his hotel, enclosed a bill of fare, and disappeared immediately after writing. He appeared at Chicago a fourth time, and in each of the cities he had visited he had called on all of his old friends. The friend in Chicago suspected something wrong after his frequent visits, and before the last one had received a message from his wife. He bought a ticket to Baltimore, put him on the train in the hands of a conductor, and he arrived home safely.

I found him shortly afterwards in a state bordering on true dementia. My attention was called to the fact that he had a tapeworm. It was removed, and he recovered.

I have no doubt that men sometimes disappear in this way. I remember a case of a man who left on the train, and no one ever knew his destination. His business went to pieces, his family went almost into beggary, and several years afterwards he was found in an asylum in Pennsylvania. No one knew how he came there, except that he was picked up in the street in Philadelphia. He had made short disappearances before at times through lapse of memory.

I believe that if someone would make a scientific study of the tramp question, a great number of them would be found to be derelicts, in the sense that they have left their memories behind them, and are wondering about in that peculiar state.

Dr. Nathan Herman: I would like to shed a little light on the question of consciousness to those who have not thought about it in this particular way. In speaking of double consciousness, it is, of course, in order to discuss the single consciousness, or the ego. This is not the simple question it at first appears. It is not, I think, and, therefore, I am, but I think, I remember and, therefore, I am. Every moment of consciousness is dom-

inated by one particular idea; the ego is the remembering of all the ideas we have every day.

We must consider double consciousness as a pathological state. The man conceives that there is some other individual controlling the consciousness at the time. This state, by means of hypnotism, is easily produced and studied, and right here it suggests itself to me that hypnotism should always be used to combat this state of double personality.

We can see that it is not the action of two separate hemispheres, because multiple personalities may be produced in an individual, and there is one case reported in which there were five different personalities. I have had no experience with natural cases of double personality, but I have had considerable experience in experimental production of any number of consciousnesses.

H. O. REIK, M.D., Secretary.

THE JOHNS HOPKINS HOSPITAL MEDICAL SOCIETY.

MEETING HELD MONDAY, OCTOBER 17, 1898.

(ABSTRACT REPORT.)

THE annual election of officers was held, and resulted in the unanimous choice of Dr. J. M. T. Finney for president and Dr. T. S. Cullen for secretary.

A NEW METHOD OF STAINING MALARIAL PARASITES.

Dr. *Futcher* said that during the past winter he and Dr. *Lazeear* had developed a convenient method of staining the parasites in dry specimens, which was quick and serviceable for office practice.

The blood specimens are made in the usual way described by *Ehrlich*, making thin films on cover-slips, and are then fixed in a 1 per cent. solution of formalin in 90 per cent. alcohol. After immersion in this solution for only one minute the desired stain can be immediately used without washing off the excess of fixing agent. As a staining agent a saturated solution of thyonin in 50 per cent. alcohol is used, of which 20 c.c. are added to 100 c.c. of 2 per cent. carbolic acid solution, and this mixture is kept in stock for use as required. It is better to keep it for some time before staining specimens, as it improves with age.

The ordinary smear preparation is made fixed in the formalin solution for one minute, and without washing off the excess of solution, stained with thyonin for from ten to fifteen seconds. Ten seconds generally gives the most satisfactory results. The excess stain is washed off and the specimen, mounted in balsam, is ready to be examined.

The malarial parasites come out distinctly with this stain, and retain the color much better than when stained with methylene blue. The thyonin stain has also been used to bring out the flagellated processes in the estivo-autumnal infections, and some good specimens have been obtained.

Dr. *Flexner* had recently studied some specimens stained by Dr. *Harris* of Philadelphia with toluidin blue, in which other organisms were as easily made out as when stained with thyonin. He suggested that toluidin blue be tried to stain the malarial parasite.

Dr. *Lazeear* said that toluidin blue stained the malarial parasite as satisfactorily as methylene blue, but that neither toluidin nor methylene blue stained as deeply as thyonin.

EXHIBITION OF TWO CASES OF PNEUMOCOCCUS ULCER OF THE CORNEA AND ONE CASE OF DIABETIC CATARACT.

Dr. *Randolph* said that what is now frequently spoken of as a pneumococcus ulcer of the cornea has been long known as serpens ulcer, a name given it many years ago by Professor *Saemish*. The tendency of this ulcer is to spread around the periphery and cause the cornea to slough. The disease may affect young as well as old, and is probably the most serious corneal affection we have, the loss of eyes ranging from 12 to 20 per cent.

The most popular treatment is probably the use of the galvano-cautery. Nitrate of silver and solutions of mercuric chloride are both used, with the idea of cleaning the ulcer without destroying the tissue. As these methods tend to weaken the eye and reduce its powers of resistance, he thought it best to use in these cases only the physiological salt solution and boracic acid. The first case, which is now entirely well, pre-

sented the condition known as hypopyon, the anterior chamber being partially filled with pus.

After exhibiting a case of diabetic cataract, he said we usually think of a cataract in connection with an elderly person, but diabetes produces cataract irrespective of age. The peculiarity of this form of cataract is the rapidity of its development. This man, who is thirty-five years of age, could see easily in the spring, and six months later was blind from cataract.

THE NON-MEDICAL TREATMENT OF EPILEPSY.

Dr. Hurd said that recently a new departure has been made in the treatment of epilepsy. The great majority of epileptics possess an extremely weak nervous system, which is extremely susceptible to disturbing influences. It has long been known that the causes of epilepsy are manifold. In the majority of instances epilepsy is due to digestive disturbances, especially of secondary digestion, and as a result of the disturbed metabolic processes, the system becoming poisoned and the neurotic organization of the individual being overwhelmed, an epileptic paroxysm is produced. Some observations made recently have indicated the character of two of the poisonous substances which enter the circulation and produce the epileptic seizure, carbaminic acid of ammonia and paraxanthin, but unfortunately the whole group has not been fully worked out, and much remains to be done to determine how to prevent the formation of these and similar poisons in the system.

It was formerly thought that if a paroxysm could be controlled the epilepsy was cured, but now we know that remedies which merely control the epileptic attack do little to cure the disease. This is especially true of the bromides. The general effect of these remedies has been not to prevent the generation in the system of the poison, but merely to restrain its manifestation. While this may act for a time, the poison finally becomes so overwhelming that the paroxysm can no longer be restrained, and there is a furious convulsion which may equal in severity the minor paroxysms which had

been postponed with a worse effect upon the patient than followed the more frequent convulsions.

Within a few years past a decided advance has been made in the treatment of epilepsy by their care in large colonies. In State epileptic colonies the treatment consists in giving the epileptic the largest possible amount of life in the open air, in controlling his diet so as to limit the amount of nitrogenous food ingested and in furnishing occupation suited to the capacity and bodily strength of the epileptic. It is especially essential that the growing epileptic should have something to do. It has been found by experience that patients upon drug treatment, with nothing to do, have frequent epileptic seizures, while if they are kept employed in the open air the seizures became less common. The kind and amount of labor and the time during the day in which it is performed should be determined by a physician. As the result of this careful treatment it is found that patients who have been subject to daily seizures may go weeks or months without an outbreak.

He called attention to the fact that epilepsy frequently developed in children at about the beginning of school life. Confinement to the house and the effort on the part of the neurotic child to study are sufficient in some instances to precipitate the attack. An effort should be made to keep these children from school.

SCHLEICH'S ANESTHESIA IN GYNECOLOGICAL OPERATIONS.—Kleinhaus of Prague (British Medical Journal) reports his experience of thirteen cases. The solution was in every case sterilized after preparation, and cannulae with special curves were employed for the injections. In plastic operations on the perineum six to eight injections generally sufficed, and for anesthesia of the perineum only two injections below the insertions of the labia minora. The infiltration of the tissue did not prove any real impediment in the operation. In laparotomies no local anesthesia was attempted inside the abdominal cavity, and, contrary to other observations, the ligature and amputation of the stump did not cause any pain.

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BALTIMORE, NOVEMBER 5, 1898.

THE revised constitution, copies of which will be distributed by the time this is read, should be studied carefully by **The Faculty's** all members, and at the meeting next Wednesday opinions should be freely expressed. Last May several suggestions were made as to proposed changes, and in the last issue of this JOURNAL a correspondent gives his views on the subject. The double personality of the executive and trustees board is rather peculiar. It looks as if the members thought there was a dearth of good men in the Faculty, and were thus obliged to secure all the best material for these two boards. They should be separated a little more decidedly.

Again, as is also suggested, when the term of any one member of the board of trustees expires, he should be ineligible for re-election for one year, as it is not dignified to see a body of men proceed to re-elect the outgoing member for fear of hurting his feelings. If this becomes a precedent, then this custom, together with the law that vacancies on that board are filled by the board itself, practically makes the board a closed corporation.

A suggestion has been made that members of the board of trustees should hold no other office in the Faculty, and this board should have

its own chairman, secretary and treasurer, the latter to be accountable to this board only. This board should hold the title of the building and should have nothing to do with the domestic management of the property, which should be left to the executive committee, whose duty should be to buy coal, hire the assistance needed, attend to the internal management of the society, collect from renting societies and others using the hall for pay. The executive committee should indorse all such accounts, which should be paid by the Faculty's treasurer. The library committee should confer with the executive committee, and not with the trustees.

The treasurer of the trustees and the treasurer of the Faculty should be different persons; they should both be bonded in a reliable company, and the funds should always be kept on deposit in some bank to be designated respectively by the trustees or the executive committee, and the money should, under no circumstances, stand in the name of any individual. No member of the Faculty should be appointed on more than one committee or one section.

County members should be officially received and to a certain extent entertained by a specially formed hospitality committee. A central place for boarding should be picked out and rates sent to each county member. At the banquet the county members should be received and introduced. No one person should read more than one paper at any meeting. No paper should be read which has been read elsewhere. The selection of a special subject with persons appointed to discuss it should be made. The sessions should be shorter, lasting only three days, and the programme should be sent out two weeks in advance. Any member sending the name of a subject of a paper to the programme committee should also submit a short abstract of it, and should prove that he is ready to read a paper, and is not attempting to advertise himself on the programme by announcing a paper unprepared and unthought of.

There are many other suggestions that might be made by those who notice intelligently the course of these meetings. The Faculty is a power in the State; it should remain so, and while most vigorous, it is certainly time, in this, the one hundredth year of its age, to give it a new constitution and a more intelligent management of the details which go to make up a successful annual meeting.

Medical Items.

We are indebted to the Health Department of Baltimore for the following statement of cases and deaths reported for the week ending October 29, 1898:

Diseases.	Cases Reported.	Deaths.
Smallpox.....	..	..
Pneumonia.....	..	11
Phthisis Pulmonalis.....	1	20
Measles.....	2	..
Whooping Cough.....	..	..
Pseudo-Membranous Croup and Diphtheria. }	77	12
Mumps.....	..	..
Scarlet Fever.....	8	..
Varioloid.....	..	..
Varicella.....	1	..
Typhoid Fever.....	26	8

Roanoke, Va., is to have a hospital.

Miss Jessie N. Browne, A.B., daughter of Dr. B. B. Browne, and a recent graduate of Bryn Mawr College, has been appointed instructor in physiology at the Woman's Medical College.

The semi-annual meeting of the State Faculty will be held at Frederick, Wednesday and Thursday, November 16 and 17. Full particulars will be stated next week.

An ordinance has been introduced into the City Council of Baltimore, making it a misdemeanor, with \$5 fine, for holding a public funeral in cases of death from contagious diseases.

Dr. J. St. P. Gibson, a leading physician of Staunton, Va., died last Monday, aged sixty-six years. Dr. Gibson was graduated from the University of Maryland in 1858. He leaves a son who is a physician.

An unexpected illustration of dispensary abuse occurred at the City Hospital Dispensary in Baltimore, when a man who had just applied for free treatment, on the plea that he was unable to pay a physician, dropped dead, and in his pocket was found \$1500 in notes.

Members of the State Faculty are requested to bear in mind the meeting to be held next Wednesday night promptly at half-past eight for the purpose of considering and adopting the revision of the constitution. The trustees are very negligent in delaying the sending out of the constitution to the members before the meeting.

While Col. George E. Waring was not a physician, he was brought very near to that profession by his admirable work in sanitary science and preventive medicine. He was an expert in the truest sense of the word, and the thoroughness with which he accomplished what he undertook was characteristic of all his work. His unexpected death is a great loss.

The Maryland Public Health Association announces that its second semi-annual meeting will be held at Easton, Md., next Thursday and Friday, November 10 and 11. Papers and remarks may be expected from Drs. Wm. S. Thayer, T. A. Councell, John S. Fulton, Wm. R. Stokes, Charles L. Mattfeldt, J. E. Gichner, C. M. Stelle, Edward M. Schaeffer, and others.

Dr. Washington A. Smith, a prominent physician of the Eastern Shore of Maryland, died at his home on Taylor's Island, near Cambridge, Md., last week, aged seventy-seven years. Dr. Smith was a native of Virginia, and after receiving his degree at the University of Maryland, in 1842, settled in Maryland. He leaves several children, among them Dr. Chas. D. Smith of Fishing Creek, Dorchester county, Maryland.

Mrs. M. M. Gundry, widow of the late Dr. Richard Gundry and mother of Drs. L. H. and A. T. Gundry, with whom she had been associated since her husband's death in the sanitarium at Catonsville, gives notice that she has withdrawn from that institution and has opened an institution exclusively for the care and treatment of women suffering from nervous and mental affections. Her two sons will be associated with her in this work.

Thirty-four physicians from various parts of Frederick county met at the courthouse at noon last Saturday and organized "The Frederick County Medical Society." These officers were elected for the year: Dr. Wm. H. Baltzell, president, Frederick; Dr. J. E. Beatty, first vice-president, Middletown; Dr. Wm. H. Johnson, second vice-president, Adamstown; Dr. Ira J. McCurdy, recording secretary, Frederick; Dr. Wm. C. Johnson, corresponding secretary, Frederick; Dr. Franklin B. Smith, treasurer, Frederick; Dr. Samuel T. Haffner, librarian, Frederick. The association met again today, when the chairman announced his various committees. There will be four stated meetings during each year.

Washington Notes.

Dr. L. E. LaFetra, a Washington boy, has been appointed medical school inspector in New York city, after a competitive examination of 276 applicants.

Reports of the Marine Hospital Service show that during the yellow-fever epidemic on the Gulf the total number of cases was 2272, of which 110 resulted fatally.

Dr. John H. Stoutenburg has been promoted from physician to the poor to assistant medical sanitary inspector. Dr. F. F. Repetti has been appointed to fill the position vacated by Dr. Stoutenburg.

A board of surgical officers, consisting of Major Robinson, Major Carr and Captain Woodson, has been appointed to meet at Santiago de Cuba to examine such officers as may be ordered before it to determine their fitness for promotion.

The serum made by the Department of Agriculture, under the direction of Dr. D. E. Salmon, for the inoculation of swine affected with cholera is accomplishing remarkable results. The mortality has been reduced from 80 to 25 per cent.

There were 119 deaths in the District during the last week, of which nine were from pneumonia, six from typhoid fever, seven from diphtheria and four from cholera infantum. There are 134 cases of diphtheria and 105 cases of scarlet fever under treatment.

At the last meeting of the Washington Obstetrical and Gynecological Society Dr. Thos. C. Smith was re-elected president; Drs. John W. Bovée and W. P. Carr, vice-presidents; Dr. J. T. Kelly, Jr., recording secretary; Dr. Edwin Morse, corresponding secretary, and Dr. John Van Rensselaer, treasurer. After the usual business the society adjourned to the Arlington, where the evening was pleasantly spent banqueting.

The decennial celebration of the Medical and Surgical Society of the District of Columbia was held Monday evening at the Georgetown Law Building. After an address by the president, Dr. Llewellyn Eliot, the following papers were read: "Benefits to the Community and to the Medical Profession of Medical Examining Boards," by Landon B. Edwards, M.D., of Richmond, Va.; "The Relation of Health to Ed-

ucation in Childhood," by W. W. Johnston, M.D.; "Higher Medical Education and a Plea for Better Training of the Volunteer Medical Officer," by George M. Kober, M.D.

The local Alumni Association of the University of Maryland, at its last meeting adopted resolutions in tribute to the late Dr. N. S. Lincoln, who was a graduate of the university and first president of the local association. His associates desire to express their sorrow and appreciation of Dr. Lincoln in the following resolution: "In the death of Dr. Nathan Smith Lincoln of this city the community has lost a useful and distinguished citizen, the medical profession an able and conscientious practitioner. This association mourns the loss of one of its oldest, most respected and accomplished members—one who was not only a skillful physician and surgeon, but broad in his love for humanity and zealous in his efforts to alleviate pain and distress wherever found."

Book Reviews.

THE OFFICE TREATMENT OF HEMORRHOIDS, FISTULA, ETC., WITHOUT OPERATION, Together with Remarks on the Relation of Diseases of the Rectum to Other Diseases in Both Sexes, but Especially in Women, and the Abuse of the Operation of Colostomy. By Charles B. Kelsey, A.M., M.D., late Professor of Surgery at the New York Post-Graduate Medical School and Hospital, etc. New York: E. R. Pelton, No. 19 East Sixteenth Street. 1898.

This little brochure of sixty-eight pages consists of three lectures on the subjects mentioned above, in which the author insists on the importance of careful office treatment other than operative for the cure of piles, fistulae, fissures and pruritus in many cases. The subject is not considered in detail to any considerable extent, and is suggestive rather than exhaustive. The relation of diseases of the rectum to other diseases is considered in the second lecture, in which attention is called to the fact that rectal symptoms are sometimes reflex in character, and only subside when the original source of irritation is removed. The third lecture is devoted to an earnest plea for the restriction of colostomy, or artificial anus, to cases of inoperable malignant disease.

New Forceps for Intestinal Anastomosis. By Ernest Laplace, M.D., LL.D. Reprint from the *Philadelphia Medical Journal*.

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Original Articles.

CONVALESCENCE FOLLOWING VENTROFIXATION AND PLASTIC OPERATION UPON THE VAGINA; ABDOMINAL SECTION FOR REPAIR OF VENTRAL HERNIA AND REMOVAL OF A MASS OF PELVIC EXUDATE.

By E. E. Montgomery, M.D.,

Professor of Gynecology in the Jefferson Medical College; Gynecologist to the Jefferson and St. Joseph's Hospitals; Ex-President Philadelphia Obstetrical Society; Ex-President Pennsylvania State Medical Society.

CLINICAL LECTURE DELIVERED AT THE JEFFERSON HOSPITAL.

GENTLEMEN—I bring before you a patient upon whom we operated three weeks ago; the operation was done for retroflexion of the uterus, preceded by plastic operation upon the vagina and cervix. We first freshened the edges of a lacerated cervix and brought them in apposition. An operation was then done upon the perineum, the abdomen opened, the uterus brought forward, fastened to the peritoneum, and the wound closed.

I bring her before you today to show you the result of the suture used, this being the first case in which the operation has been done before the class. The patient is in excellent condition, has done well and feels very comfortable. You know the wound was closed with three rows of suture, the first row through the peritoneum, a continuous silkworm-gut

suture, bringing its ends out some little distance from either end of the wound. The ends of the suture were passed through perforated plates and perforated shot compressed upon them, which held them from slipping. A second row of sutures introduced through the muscle wall and aponeurosis brought the latter over the muscle. This is recognized as the important part in the restoration and maintenance of the abdominal wall.

The danger of production of ventral hernia is induced by failure to secure firm and complete union of the aponeurosis, so a second suture then brought the edges of this muscle in direct apposition, and so held them.

The recti muscles are situated between the peritoneum and the aponeurosis. The third suture was subcuticular through the skin. As I show you the line of incision today, you see how insignificant it appears. The patient has had an uninterrupted recovery. This portion of the abdominal wall is as solid, if not more so, than the remaining, and the danger of hernia by such a method of operation is reduced to a minimum.

The advantage of this method of suture is that we are enabled to bring the parts in apposition without danger of undue pressure or strangulation at any one point. In an ordinary uninterrupted suture we have compression of the tissues, which may result in a slough and favor the formation of a stitch abscess. If the stitch has been buried, its irritation may give rise to inflammation and abscess months later, requiring its removal.

Abdominal Section for Repair of Ventral Hernia and Removal of a Mass of Pelvic Exudate.—The next patient, thirty-two years of age, lost one brother, while her

father and mother are living and well. She had pertussis as a child, and puberty at fifteen, periods were regular. She underwent operation some years ago for ovarian tumor. She gave birth to a child fifteen years ago, and during convalescence remained in bed for two weeks. When she arose she was seized with severe pain in the left side, which extended as far as the knee. She was confined to bed for eight months; has never felt well and strong since. Five years ago an ovarian tumor weighing thirty-four pounds was removed, since which time her sickness has been irregular as to time, duration and quantity. Occasionally she does not menstruate for four or five months; will have a faint show for a few months, at other times there will be a profuse discharge.

Three years ago she suffered for six weeks continuously from hemorrhage, and says her uterus was curetted, after which she secured relief. She had hemorrhage six weeks ago, which has been continuous since, until her admission. On examination I find a mass situated to one side of the uterus, which is apparently related to that organ, and stimulates a fibroid growth of the intraligamentary variety. This growth could be removed with the uterus through the vagina; but, as the woman has undergone an operation, I think it would be better that incision be made through the abdomen, which will enable us, while correcting the pelvic condition, to strengthen the ventrum and remove a ventral hernia. At the center of this wound you will see there is a separation of the aponeurosis and the ventrum now consists of skin and peritoneum.

In making the incision we have to proceed with some care, as we might very readily injure a knuckle of intestine if it is adherent to this portion. We find we have an irreducible hernia of the omentum. As I pass my finger below I am in some doubt as to the parts which are adherent, and fear that we might open into an adherent bladder. I extend the opening a little above the former opening, so I can pass my finger in and ascertain the character of the adhesions. I find extensive omental adhesions over the side

of the wound, which I proceed to cut with scissors. These adhesions are so firm that I prefer to use the scissors to tear them. Below, the omentum is apparently attached to the bladder, so I make a separation, exercising care to prevent injury to the latter organ. I find the fundus of the uterus is somewhat enlarged; the mass I felt upon the side, whose resistance I took to be a fibroid growth, I find to be more—an adherent omentum, with an enlargement of the ovary, which is bound down in the mass.

There are no cases which are more difficult to manage and exactly determine than those which have undergone previous operation, as the extensive adhesions and the changes which take place in an abdominal cavity mask the relations. I pass my ligature through the base of the broad ligament on the right side. This broad ligament is somewhat displaced. The growth, apparently, was removed from the right side, as we can find no vestige of tube and ovary. The adhesions are quite extensive to the mass, the bladder below the surface of the uterus and the knuckle of intestine. This mass, from the examination, I took to be at first, from its size and resistance, an intraligamentary growth of the uterus—it is so closely attached to the side of that organ.

We have to exercise care in removing it to secure the vessels. Not only does blood come into such a mass from the ovarian artery, but also through the uterine, these two vessels anastomosing in the broad ligament. I pass a ligature deeply in the broad ligament in order to secure the bleeding from the uterine branch. I pass a ligature on the left side in a similar manner, exercising care that we do not injure or include a knuckle of intestine in the introduction and tying of the ligature. We are using for this purpose aseptic catgut. This it is difficult to procure without making it friable. The catgut we employ has been boiled in water for ten minutes. Unless it is very firmly wrapped it will become softened in places. Having ligated the broad ligament on either side, we cut off the uterus, and in doing so it is evident that we have not entirely secured hemostasis, as the uterine branch bleeds. We pass a ligature

deeply upon the left side, and in doing it find that the hemorrhage is controlled. We have left only a small portion of the cervix. There is no reason why this should be removed, as there is no disease about it, so we will suture the surfaces over it, drawing the peritoneum over the muscular layer. As there is considerable bleeding from the torn omentum, we ligate a portion of it and cut it away.

We now examine as to the condition of the pelvis, to see whether there are any bleeding vessels, and this step is particularly important. The wound should never be closed until we are certain that hemostasis is complete. You see the entire surface of the bladder, which has not been injured. As we close the wound we will let the patient down, fill the abdomen with some normal salt solution, which we do not remove. I now split the fascia a little, so as to lay bare the edges of the muscle, to make sure of union after the surface is united, otherwise we might have a redevelopment of hernia. We trim out some of the cicatricial tissue, which would only interfere with the union. I again wash out the abdominal cavity to get rid of the blood, taking no trouble to empty it of the salt solution. I proceed to introduce the first row of sutures through the peritoneum; pass a second row of sutures through the abdominal walls, bringing its ends out at either angle.

The middle suture is introduced with great care, so as to make sure the aponeurosis is accurately apposed. The wound is finally closed by subcuticular stitch. Unless there is some special indication, this wound will not be disturbed for eight or ten days. The shot with the suture will be drawn up at one end half an inch or an inch. If the middle layer pulls with considerable difficulty, it will be permitted to remain until the next day. Generally two dressings will be sufficient for the operation.

SODIUM CHLORATE IN HYPERCHLORHYDIA.—Soupault says in the American Journal of the Medical Sciences that sodium chlorate in doses of two drachms, as far as possible from meals, relieves patients suffering from hyperchlorhydia. It should not be given in renal disease.

NEGLECTED RECTAL TUMORS.

By *Edward Anderson, M.D.,*
Rockville, Md.

TUMORS of the rectum, when neglected, often lead to serious consequences, as the writer has had ample opportunities of observing. Men sometimes, but rarely, put off having such things looked into, but females, through a sense of delicacy, defer examination, even if they happen to speak of the inconvenience, until it is too late.

On January 31, 1895, the writer was called to a case of neglected hemorrhoids of ten years standing. He found the rectum occluded to such an extent that nothing but liquid matter could pass. The bowel had an opening leading from it above the obstruction through which the fecal matter passed, and another one below it through which it passed into the bowel again. A surgeon was called in, who laid open the sinus and packed it with gauze, but the woman was too weak to have the tumors removed, and died nine days after the first examination.

Another lady, about forty-five years of age, was examined on March 30, 1897, for the first time, and found to have a cauliflower excrescence about the size of a hen's egg, which bled profusely on being handled. On March 31 she was taken to the hospital, where she nearly bled to death the same night. She was operated on the second day after her arrival, since which time she has had no trouble, not even from constipation, from which she had suffered a long time.

A patient is now dying of a similar growth about three times as large as the above. The family physician, if he has any knowledge of or even suspects the existence of a tumor in the rectum, should insist upon an examination at once, and if he finds an ordinary case of piles, and the tumors can be forced into view, he may put an end to them by injecting carbolic acid, otherwise he should send his patient to a hospital where he will be properly treated. Even the most malignant growths, when operated upon sufficiently early, may not recur for years,

and sometimes not at all, as the rectum is so loosely connected with the surrounding parts.

Society Reports.

NEW YORK ACADEMY OF MEDICINE—SECTION IN ORTHOPEDIC SURGERY.

MEETING HELD OCTOBER 21, 1898.

OBSCURE INJURY OF THE HIP.

Dr. G. R. Elliott presented a boy two years and eight months old who had fallen from a tree two months before. He complained of the left knee, but was able to walk and run. His father reported that the left foot had been dragged with a decided limp and everted to a right angle, and that its normal position had been restored after manual traction and manipulation. A slight limp had, however, persisted. The left leg was three-eighths of an inch short, and the left thigh one-half of an inch atrophied. Gentle manipulation seemed to produce a slight slipping of the joint. The child's ligaments were generally relaxed. He suggested the diagnosis of a dislocated hip, reduced at once by manipulation.

Dr. N. M. Shaffer said that the limbs were practically of the same length, and that whatever might have been the lesion, there were at this stage no positive signs of hip disease, dislocation or separation of the epiphysis.

Dr. A. B. Judson found the trochanter enough above the line to make it probable that there had been a separation of the epiphysis.

Dr. T. H. Myers said that the limp might be from habit acquired when the hip was painful. The slight shortening in itself would not cause a limp. Irregularity in the length of the limbs had been said to be the rule rather than the exception. The cause of the shortening was not apparent, since a dislocation, when reduced, should not leave any shortening.

Dr. R. H. Sayre had noticed the presence of marked knock-knee, and the father had said that the child had always turned in his toes. In other words, he had been unconsciously walking Indian fashion to make his feet more comfort-

able and to protect the arch of the foot. Beyond this the child appeared to be well.

Dr. P. J. Fiske thought that there might have been a bending of the femoral neck, due to the accident, or acquired in some other way.

Dr. Elliott said that the head of the bone was in its socket, wherever it might have been immediately after the accident. He thought that the question of separation of the epiphysis remained undecided. He stated that the child had ridden a bicycle frequently, since he was taught by his father to ride when he was eighteen months old. His greatest distance had been four miles. The boy was thirty-six and one-half inches in height, and his weight was thirty-one pounds. His bicycle weighed eleven pounds; diameter of wheel, thirteen and one-half inches; crank, four inches; wheel base, twenty-one and one-half inches; gear, forty-six. He had ridden without trouble since the accident, but the exercise was at once forbidden when the patient was first seen a few days ago. His brother, four and one-half years of age, began to ride a wheel when three years old. He had a record of a 20-mile run, and was in perfect health.

THE USE OF THE BICYCLE BY CHILDREN.

Dr. Myers said that in the case of a child who rode a bicycle great care should be used in the adjustment of the height of the seat and the handle-bar.

Dr. Sayre examined the boy's bicycle, and said that the construction of the seat was such that it would compel the patient to appear before the Section on Genito-Urinary Diseases later on. He did not see why a boy of that age should not ride a wheel if he kept off the street. The exercise should not be more than he could stand. Small children sometimes rode ponies and seemed to get along perfectly well.

Dr. Judson said that young children rode tricycles without attracting any especial attention. The bicycle furnished ischiatic support. In appropriate cases he advised its use when it was desirable to combine speedy and agreeable locomotion with relief of the lower extremities from carrying the weight of the body and from the pressure and concussion

incident to walking and running. The same was true of horseback riding. Aside from the risk of accident, he thought that the moderate use of the bicycle at any age would promote normal development and health.

Dr. R. Whitman thought bicycle riding was a good exercise for knock-knees and weak feet.

Dr. H. L. Taylor strongly disapproved of bicycle riding for young children, not from an orthopedic standpoint, but on the ground of its being injurious to the general health.

Dr. Elliott said that children generally assumed bad attitudes on the wheel, leading to faulty development of the thorax. At an early age the bones were soft and the ligaments undeveloped and unfitted to stand the special requirements of riding a bicycle, and the result might be, as in the case of the patient, a relaxed ligamentous system. Bicycle riding by children tended to disproportionate development of the legs when compared with the arms. It should not take the place of general exercise, which developed the whole body alike.

TRAUMATIC SPINE.

Dr. Fiske exhibited a man thirty-four years of age, who had recovered from injury of the spine, with paraplegia and rectal and vesical symptoms. The patient had been presented at the meeting of May 21, 1897. (See MARYLAND MEDICAL JOURNAL, July 31, 1897, pp. 280-281.)

There had been no return of the symptoms, and the recovery was now, more than four years after the accident, complete. The violence had been extreme, followed by rigidity and pain in the dorso-lumbar region, complete paralysis from the waist down, and incontinence of feces and urine. There had been no crepitus and no deformity. The patient was perfectly helpless. The diagnosis was severe spinal trauma, concussion of the cord, damage to ligamentous structures, and probably partial dislocation, with spontaneous reduction. Treatment had been by a plaster of paris jacket, worn with occasional renewals for ten months. There had been no bed-sores. Recovery with control of sphincters had been com-

plete and the man was apparently in perfect health. In answer to questions, Dr. Fiske said that ankle clonus had not been present; that the lower part of the abdomen had been sensitive, but the scrotum, penis and sacrum were anesthetic; that the sensory paralysis disappeared first; that there had been considerable atrophy of the muscles of the thigh and calf, probably from disuse; that the patient had felt nothing give way, as he was immediately unconscious, and that he began to use his legs in about four months, and could walk at the end of seven months. The anesthesia of the scrotum and penis had led to the opinion that the injury was at the twelfth dorsal vertebra and first lumbar.

Dr. Elliott thought that the lesion had not been above the first lumbar. Above that point, which was the end of the cord, there would probably have been destruction of the anterior horn cells, with ankle clonus and great localized atrophy. He could hardly conceive of anything less than this happening at a higher level after an injury attended with so much paraparesis.

Dr. Shaffer had seen several such cases. The lower the point of injury, the better would be the prognosis. The result had certainly been very good in this case, where there must have been a partial dislocation or fracture. He recalled the case of a man who was thrown from a vehicle and struck the ground in a sitting position. Rigidity of the spine had developed, but recovery had followed with perfect motion of the spine. A certain amount of compression of the anterior column could occur without serious results. If the posterior columns were injured we would get symptoms such as had been present in the patient exhibited.

Dr. Sayre had seen a case similar to the one under consideration. In a railroad accident, in which an express car had rolled down a bank, a man had been struck violently by the safe. He was paralyzed from the waist down, with no control of the rectum or bladder. This condition lasted some three years. He gradually improved under treatment similar to that described and had been restored to perfect health.

FRACTURE OF THE SPINE.

Dr. Whitman presented a patient with a rather different history. He was a young man twenty-two years of age, who had fallen twenty-five feet from a cliff. He could walk with assistance, and, although he had pain, stiffness and weakness in the back, numbness and weakness in the legs and pain in the lower part of the abdomen and the anterior surface of the thighs, he resumed work as a clerk at the end of a week. *Dr. Whitman* had examined him on August 8, about two weeks after the accident, on account of a "lump" composed of the projecting spines of the second, third and fourth lumbar vertebrae. There was some pain on extensive motion of the back and moderate rigidity at the seat of the fracture. A brace relieved the symptoms in a great degree, and at the end of a month he considered himself well, although he was still wearing the brace. It was seen that the normal lumbar lordosis had been replaced by a projection. Motion was practically normal. There had been fracture and compression of the vertebral bodies, and yet the symptoms had been insignificant.

Dr. Myers recalled the case of a man who had fractured his spine in a fall of twenty-five feet in a doubled forward position. Pain was not severe, but weakness in the lumbar region, the seat of the fracture, prevented sitting up or standing. He was in bed for three weeks, and then walked with a cane. A kyphos was found, and a spinal brace relieved his symptoms very quickly. He was well in six months. Fractures of the vertebrae often gave symptoms but poorly marked when compared with fractures in other locations. The most common symptom was weakness. Crepitus and false points of motion were not usually detected. Pain was moderate, and deformity was frequently absent until after the patient had assumed the erect position for several days.

UNUSUAL FRACTURES OF THE NECK OF THE FEMUR.

Dr. Taylor presented a boy fifteen years of age, who in October, 1896, felt sudden severe pain in the right leg, followed by lameness for two weeks. No

shortening was noticed. After that he had lameness and disability, with but little pain, till January 3, 1897, when he slipped and fell on the floor with the knee bent under him. He was unable to rise or walk, and the neck of the right femur was found to be broken. He was treated by a plaster of paris application, and in July, 1897, when first seen by *Dr. Taylor*, he was limping badly. The trochanter was one inch above the line, there was extreme eversion and very limited motion. Crutches were advised. In December, 1897, the patient had been free from pain for many months, and there was increased motion. In April, 1898, under an anesthetic, more mobility and lessened eversion were gained by manipulation, which was repeated in September, 1898, with further improvement.

Status Praesens: Thirty degrees of free lateral motion, considerable free rotation and 30 degrees of flexion. Trochanter a full inch above the line. Walking was very free, but with a slight limp. An apparatus, soon to be laid aside, was worn to prevent outward rotation.

Dr. Taylor also presented a boy of eighteen years who in December, 1897, fell on his left knee. There was immediate stinging pain in the left hip, but he could walk with some assistance. He soon walked with a cane, and three weeks after the fall there was a marked limp, with very little motion in the hip. The limb was one inch short and rotated outward. The trochanter was one inch above the line, and there were tenderness, induration and muscular spasm about the hip. Treatment was by traction splint, long crutches and a high sole on the foot of the well side. In May, 1898, the patient had been free from pain for two or three months and there was more motion. The splint was removed. In September a cane was substituted for the crutches.

Status Praesens: Walking with a considerable limp; no pain; can raise the leg while lying; shortening of one and one-half inches; limited motion at the hip and adduction. These cases were of especial interest on account of the youth of the patients and the slight violence of the accidents.

Dr. Whitman said that the first patient

doubtless had coxa vara, which weakened the neck of the femur, causing it to break under a moderate degree of violence. In three cases of coxa vara in young subjects he had operated by removing a wedge from the base of the trochanter in order to restore the neck to its normal position and strength. The second patient also probably belonged to the same class. He recalled the case of a young colored girl, who, after a period of slight limping and outward rotation, with slight stiffness of the hip and pain in the thigh, suffered a fall on her way to school. She was carried home with typical fracture of the neck of the femur. She was treated by the use of a traction splint with a favorable result.

Dr. Taylor said that he was confirmed in his opinion that bending of the neck of the femur had preceded the accident and had made easy the fracture of the bone in the case of the first patient presented. In the second case, however, there had been no previous signs or symptoms of deformity of the femoral neck, and such a condition must be considered hypothetical.

CONGENITAL DISLOCATION OF THE HIP.

Dr. Elliott exhibited a further dissection of the specimen shown at the last meeting of the Section. (See MARYLAND MEDICAL JOURNAL, September 3, 1898, pp. 818-820.)

The patient had been a girl seven years of age. The dislocation of the right hip had been upward and forward. The neck had been found to be short and the muscles shortened and somewhat atrophied. During life there had been more than one inch of shortening, and the child had walked with difficulty, like one with weak muscles. The head had made a deep and extremely well-defined acetabulum, lined with cartilage, below and near the anterior superior iliac spine. The original acetabulum was almost equally well defined, measuring one and one-eighth inches in its vertical and one inch in its transverse diameter, with a depth of one-quarter inch. So well defined a first acetabulum at this age was rare. Lorenz cited one at the age of eighteen years, and the older anatomists found them at very late periods of life. As a rule, however,

the acetabulum, not in use, failed to keep pace with the development of the other parts, and at an age much younger than that of the specimen it was usual to find it rudimentary and frequently presenting a convex contour. The old acetabulum was found to contain some fat, but was chiefly occupied by an exceptionally large ligamentum teres measuring one and one-half inches in length, three-quarters of an inch in width and three-sixteenths of an inch in thickness, running from a well-defined cotoyloid notch through the vertical diameter of the acetabulum to an insertion in the femoral head. As a rule, the ligamentum teres had been found at the age of three or four years to be a mere ribbon, or to have disappeared. In the usual dislocation on the dorsum ilii the disappearance of the ligament might be explained by the facts that it had no function and was compressed closely between the margin of the acetabulum and the femur. In the specimen, however, the displacement had been directly upwards, and the tremendous size of the ligament was apparently the result of its being called on to sustain the weight of the trunk at every step in walking. Its great size, then, was physiological rather than pathological.

Dr. Whitman said that the old acetabulum appeared to be of fair size, and that, as the tissues were doubtless far more yielding in life than in the preserved specimen, an operation by the open method, in which the hypertrophied ligament would have been removed, might have been successful.

Dr. Sayre said that, as the head was as broad as, if not broader than, the place where the acetabulum should be, it was doubtful whether chiseling away a part of the head would not have been required before reduction.

TABETIC TALIPES VALGUS.

Dr. Judson presented a photograph of talipes valgus of the left foot in a man about thirty-five years of age affected with locomotor ataxia of several years' duration. It was an instance of Charcot's joint affecting the tarsus. The patient's right knee joint had been excised for this condition, but stability had not been restored to the knee by the operation.

Pathologically, there were pulpy and fluid degeneration of the bony and other tissues and disintegration of the structures of the joints. Equino-varus also occurred in locomotor ataxia and in Friedreich's Disease, but was the result not of bony



TABETIC TALIPES VALGUS.

changes, but of abnormal muscular action. The primary disease was so serious and disabling that the question of treating these secondary affections was not often a practical one. Mechanical treatment might, however, be considered, with three objects in view: First, to give firmness to the foot and ankle and direct the sole to the ground; second, to give lateral support to a Charcot's knee, and third, to stiffen the knees by the use of automatic joints in order to prolong the period when locomotion is possible with the aid of crutches.

COLLEGE OF PHYSICIANS OF
PHILADELPHIA—SECTION
ON OPHTHALMOLOGY.
MEETING HELD OCTOBER 18, 1898.

DR. GEORGE C. HARLAN, chairman,
in the chair.

Dr. S. D. Risley reported the extraction of a chip of steel $7 \times 3 \times 2$ mm. from the sclera in the ciliary region by means of the Hirschberg magnet. The original

wound of entrance in the conjunctiva was enlarged and withdrawal immediately followed the application of the magnet. The lens had not been injured. Recovery was prompt and uneventful. No impairment of vision resulted. Also, the extraction of a chip of steel from the lens of another patient by the same means. The wounded eye showed deep ciliary injection, small pupil, shallow anterior chamber and lacerated iris. With artificially dilated pupil a glistening fragment of metal was discovered lying in the anterior cortex of the lens near its periphery. After enlarging the wound of entrance, the tip of the magnet was brought almost into contact with the metal before it was dislodged. Some difficulty was experienced in drawing the metal through the lacerated iris, which was overcome by again enlarging the wound and inserting a larger magnet tip, with which the metal was withdrawn. The lens is swollen and opaque, but gives promise of absorption.

Dr. Charles A. Oliver exhibited a case of foreign body in the crystalline lens, accompanied by the formation of cholesteroline crystals. A piece of steel clipping had passed through the cornea and iris, leaving well marked scars. Repeated radiographs showed the presence of the body, which was located in the lens by Leonard's method. At present, three months after the diagnosis was made, the lens is rapidly degenerating and is studded with isolated plates and aggregated masses of fixed iridescent cholesterolin crystals. Based upon a successful experience in the extraction of such lenses, it is Dr. Oliver's intention to remove the mass and with it the offending foreign body before absorption is completed, in spite of statistics to the contrary.

Dr. Oliver showed an eyeball removed for traumatic uveitis of twenty years' standing, that had given rise to recurrent attacks of sympathetic inflammation. After enucleation the symptoms rapidly disappeared. The degenerated iris tissue was filled with closely-packed gold-tinted cholesteroline crystals that were devoid of indescence.

Dr. Oliver exhibited several water-

color sketches of both the eye-grounds and the anterior segment of the eyeballs in two cases of glaucoma, secondary to traumatism, in children. In each the pathological optic-nerve excavation, which was almost completely undermined and extended directly back to the lamina cribrosa, was well shown. Similar changes were shown in a specimen and sketches from a case of absolute glaucoma in an adult.

DISCUSSION.

Dr. S. D. Risley reported a case of cholesterine crystals in a chalky lens that had caused sympathetic irritation. The patient refused to have the ball enucleated, and three years later returned, stating that vision had returned to that eye. The lens was seen floating in the vitreous, fastened to a tag of tissue that was probably degenerated iris and lymph. The eye was soft.

Dr. G. M. Gould spoke of a case of sympathetic irritation from an injury many years before. The anterior chamber was filled with cholesterin crystals.

Dr. H. F. Hansell exhibited a man thirty-five years of age, who six weeks previously had been injured in the left eye while at work. A small fragment of steel had entered the outer corneal limbus, passed through the lens, and was lodged in the choroid in the posterior nasal segment. Through the semi-opaque lens the glistening surface of the metal could be seen, surrounded by a patch of pigment. Radiographs made by Dr. William M. Sweet confirmed the ophthalmoscopic diagnosis, both as to the presence of a piece of metal and its location. After the inflammation subsequent to the traumatism had subsided the metal was removed by the Hirschberg magnet through an opening in the sclera. The eye recovered without undue reaction and vision was the same as before operation.

Dr. de Schweinitz related the history of a case of symmetrical changes at the macula following serious iritis, probably due to degeneration of the retinal ganglion cells, that occurred in a woman aged fifty-five years, which was followed in the right eye one year after the attack, and in the left eye two years after the attack, by ex-

actly similar macular changes, namely: Oval, grayish-red areas, approximately one-third the size of the optic disc, containing in their centers a few yellow-white dots, and surrounded at first by a greenish ring, somewhat raised, so that the reddish portion appeared as if at the bottom of a shallow pit, the sides of which were composed of the greenish border described. Beyond this the macular reflex was unusually distinct, and the intermediate area of a somewhat deeper red than the general color of the fundus. At the time of the reports the greenish border had disappeared, but the oval areas remained practically unchanged and were exactly symmetrical. *Dr. de Schweinitz* suggested that the lesion, which, as far as he could learn, was a most unusual one, could be explained by assuming degeneration of the retinal ganglion cells, exactly as *Ward Holden* had found them degenerated and changed in the symmetrical macular changes which are found in cases of amaurotic family idiocy.

Dr. de Schweinitz presented the history of a case of paralysis of the lower half of the iris (partial iridoplegia) following iritis that occurred in a young unmarried woman as the result of exposure to cold during a menstrual epoch, in which the sole sequel was complete loss of the action of the lower one-half of the iris after all other functions of the eye had been restored to the normal state. He compared the condition to partial traumatic mydriasis, and concluded that the lesion was probably a peripheral one, the nerve endings or filaments supplying the lower half of the iris having been permanently injured by the inflammatory processes.

Dr. G. M. Gould demonstrated a new ophthalmoscope which had been exhibited in imperfect form before the Ophthalmic Section of the American Medical Association in June, 1898. He had endeavored to devise an instrument complete, simple in construction and free from the defects of many ophthalmoscopes. It has no Rekoss disc, no handle, needs no case, and contains twice the number of lenses of the best instruments hitherto devised. Its sixty lenses are divided in two sets—those most used or the lower numbers, both plus and minus, ar-

ranged at one end, and the higher numbers at the other. The low numbers differ from the next higher or lower by one-half diopter, the highest power lenses being — 40 D. and + 30 D. The detachable mirror is easily transferred from either end, or a mirror may be kept permanently at each end. Peripheral rays of light (side illumination) are excluded from the sight hole. Though strong and durable, it is not bulky or heavy, and the manufacturers, Messrs. Wall & Ochs, have succeeded remarkably well in constructing it upon perfect artistic and mechanical principles.

HOWARD F. HANSELL,
Clerk of Section.

Medical Progress.

PUERPERAL INFECTION IN PRIVATE PRACTICE.—Dr. George Eretz Shoemaker, in a paper on this subject in the Philadelphia Polyclinic, says that the battle over the question of the contagiousness of puerperal fever was won more than forty years ago. The principles of its prevention have long been applied in lying-in hospitals, and the value of certain methods is not for one moment questioned. By a curious anomaly the status of the private patient cared for in her home is entirely different, and she is subjected to unnecessary risks which the poor in hospitals do not assume. It is impossible to obtain public record of death from puerperal fever, other causes of death, such as typhoid fever or peritonitis, being given. The consultant obstetrician or gynecologist sees many cases. The mortality in large cities in the better class of private practice is two to three times as great as in lying-in hospitals. Reasons for this relate to the less resisting power to infection of patients unaccustomed to unclean surroundings; to the unwillingness of the community to tolerate any decided departure in the preparation of the lying-in room from ordinary household conditions; most of all to the attitude of opposition or indifference among a considerable number of physicians in city or country toward any painstaking effort at asepsis.

Renewed attention was called to the valuable evidence from actual cases cited

in Dr. O. W. Holmes' classical essay on the contagiousness of puerperal fever. The risks are the same today, if physicians go from cases of erysipelas or infection to labor cases. The essentials for practical obstetric asepsis were stated as being very few. Four things, if carefully used, would largely banish septicemia: (a) A new, cheap, hand scrubbing-brush for each case, used ten minutes on the physician's hands with hot water and soap; (b) bichloride solution for hands and external genitals; (c) napkins of any absorbent material folded to proper size, baked, in quantity, for an hour in any oven, and taken from the original bundle one at a time; (d) a cheap white cotton suit, coat and pantaloons, carried to each case by the doctor and worn over his ordinary clothing; cost less than \$3.

* * *

CHILBLAINS.—C. Binz (Cincinnati Lancet-Clinic) thinks that only chemicals capable of penetrating the epidermis can be expected to have any effect upon chilblains. To these belong chlorine in the form of chlorinated lime. He has found that one part of this, mixed with nine parts of paraffin ointment, rubbed into the inflamed parts for five minutes every night, will cause the pain and swelling to disappear in the course of a week. After each inunction the foot is covered with a very thick bandage. It is important that the ointment should have a strong odor of chlorine, and he points out that the chlorinated lime of shops has generally parted with its free chlorine. Another point of importance is that the drug should be mixed only with paraffin ointment, for Binz has found that, when mixed with lard, and especially with lanolin, it gives up its chlorine too quickly. The ointment is useful only so long as it gives out a decided smell of chlorine.

* * *

THE PERFECT DOCTOR.—Much is expected of the physician, and the rules for his behavior and demeanor when "on duty" are many and foolish. The Medical Age, in commenting on this, says that a doctor must learn to: (1) laugh, (2) tell a story, (3) keep his own troubles to himself, (4) stop croaking, (5) hide his

own pains and aches under a pleasant smile, (6) not to cry, and to (7) meet his friends with a smile, because, while the good-humored soul is always welcome, the hypochondriac or the dyspeptic is most always an insufferable nuisance. Besides which a good laugh and a well-told story are a godsend to a sickroom. Then the world, which is too busy to care for your ills or sorrows, is just as indifferent to your pains, and while tears do well enough in novels, they are out of place in real life, where it is kinder to do good than harm, and paddling in dirty water must soil the paddler's clothes.

* * *

DISAPPEARANCE OF A MITRAL MURMUR.—Starck (British Medical Journal) had the opportunity of watching a case of endocarditis in a girl, aged eleven. A year ago she first complained of pain in her joints. The present attack consisted in pain and swelling of both ankles. The temperature was raised and pulse frequent. The heart was not enlarged, but there was a soft systolic murmur at the apex, and the pulmonary second sound was accentuated. The child was treated with salicylates for two days, and was kept in bed for three weeks; an ice-bag was also applied over the cardiac area. There was never any enlargement of the heart. A month later the child was again examined; the heart was of normal size, no systolic murmur could be heard, and the pulmonary second sound was not accentuated. The author believes that there was real mitral insufficiency whilst the attack of rheumatism lasted, and that now the valve has completely recovered. A similar condition has been reported by other observers. Bauer relates a case in which there was temporary incompetency of the aortic valves in acute endocarditis.

* * *

LIGHT IN THE TREATMENT OF LUPUS. Under the title "Méthode de Finsen," Medicine describes the work of Dr. Finsen in the treatment of lupus. This author has been perfecting the details of his apparatus since 1895. He has determined that a certain bactericidal action is found in the direct rays of light, but the

different portions of the spectrum are of differing values in this respect. Thus the ultra-violet rays had 300 times the microbicidal value of the red rays. He has employed sunlight with effect, but as this is not constant he has used the powerful light of a 50-ampere arc. The violet rays are separated by a solution of sulphate of copper, and the heat rays by rock crystal. The part so far as possible was exsanguinated and the rays focused by a lens upon the affected tissue. The treatment was uniformly successful, being followed by marked improvement, though we are not informed that any cures have been effected.

* * *

TYPHOID ORCHITIS.—In the Lancet Dr. Breton has related a case in which this rare complication occurred. Whilst convalescing from typhoid fever a youth, aged seventeen years, was attacked by pain in the right testicle, which was soon followed by suppuration. When seen two months later there was ulceration of the skin of the scrotum to the extent of a franc piece and a small fistulous opening surrounded by a violaceous zone, the whole having the appearance of a tuberculous lesion. The testicle was invaded, but the epididymis was sound; there was swelling of the lymphatic glands in the corresponding groin. An injection of tuberculin gave no reaction. The whole of the suppurating area was removed; a bacteriological examination showed the presence of a bacillus with the characters of the typhoid bacillus, but the writer was not able to distinguish it absolutely from the colon bacillus. In eight days the wound was healed.

* * *

INORDINATE SYMPATHY.—A physician, says the Medical Record in an article illustrating the evil custom of talking to an invalid about his pains, says that once he requested a mother to mark a stroke upon a paper each time that she asked a sick daughter how she was. The next day, to her astonishment, she made one hundred and nine strokes. A three months' visit away from home was prescribed.

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BALTIMORE, NOVEMBER 12, 1898.

ARRANGEMENTS for the semi-annual meeting of the Medical and Chirurgical Faculty at Frederick next Wednesday and Thursday are about completed, and the outlook is for an interesting session and a pleasant trip. The following is about the programme:

WEDNESDAY, NOVEMBER 16.

Dr. John C. Hemmeter, Concerning the Diagnosis of Cancer of the Stomach; Dr. L. M. Tiffany, Cure of Rectal Stricture by Operation; Dr. H. O. Reik, Ocular Manifestations of Diabetes; Dr. George J. Preston, the Borderland of Insanity; Dr. Edward Anderson, Salicylate of Sodium—Its Therapeutic Uses; Dr. Stewart Paton, the More Recent Advances in the Study of the Nerve Cell; Dr. Thomas A. Ashby, Intestinal Complications in Connection with Abdominal Operations, with Report of Cases; Dr. Charles H. Medders, Corneal Inflammation; Dr. John Jamar, Report of Several Interesting Cases in Surgery; Dr. Nathan Herman, a Case of Paralysis Agitans—Cure.

THURSDAY, NOVEMBER 17.

Dr. Horace M. Simmons, Medical Journalism in Maryland; Dr. Julius Friedenwald, Use of Oil Enemata in the Treatment of Chronic Constipation; Dr. George A. Fleming, Glioma Retinæ; Dr. Frank Martin, a Report of Cases

of Fracture of the Skull, Accompanied with Serious Intra-Cranial Hemorrhage, Operated Upon and Recovered; Dr. Hugh H. Young, the Treatment of Hypertrophied Prostate, with Report of Four Cases of Total Excisions.; Dr. Randolph Winslow, a Case of Typhoid Fever with Cholecystitis—Operation; Dr. Hiram Woods, Jr., Four Cases of Blindness from Acute Poisoning by Essence of Jamaica Ginger; Dr. B. Bernard Browne, a Review of the Operative Procedures for the Reduction of Chronic Inversion of the Uterus; Dr. Charles G. Hill, Some Practical Suggestions on Auto-Intoxication; Dr. John C. Hemmeter, Further Contributions to Our Knowledge of Gastric Hyperacidity; Dr. W. F. Lockwood, Diseases of the Liver, Clinical and Anatomical Notes; Dr. Franklin Buchanan Smith, Some Suggestions for Decreasing Mortality of Railroad Injuries; Dr. William Osler, the Diagnosis of Gall Stones.

There will be one session on Wednesday and two on Thursday. On Wednesday the session will last from 2 to 5 P. M. On Thursday there will be a session from 9.30 A. M. to 12 noon, and from 2 to 3.30 P. M. There is an abundance of material on the programme to fill out this time. The Baltimore & Ohio Railroad has offered reduced rates, and the trains leave as follows:

Leave Baltimore.	Arrive at Frederick.
7.30 A. M.	10.15 A. M.
1.20 P. M.	3.56 P. M.
4.30 P. M.	6.50 P. M.
5.30 P. M.	8.05 P. M.
Leave Frederick.	Arrive at Baltimore.
6.30 A. M.	9.05 A. M.
8.10 A. M.	10.25 A. M.
1.20 P. M.	4.10 P. M.
4.30 P. M.	7.10 P. M.

It is likely that most of the members will have to take the early train on Wednesday in order to be in time for the first session. There are two hotels in Frederick—the City Hotel and the Hotel Burgess. At the City Hotel the rates are \$2 a day each for two in a room, \$2.50 for single rooms. At the Hotel Burgess \$1.25 each for two in a room and \$1.50 for single rooms. The latter makes these rates only in case the majority of members goes to that hotel. There will probably be a banquet on the evening of Wednesday, to which tickets may be obtained from the committee for \$2 apiece. Members of the State, whether members of the Faculty or not, are cordially invited to be present.

Medical Items.

We are indebted to the Health Department of Baltimore for the following statement of cases and deaths reported for the week ending November 5, 1898:

Diseases.	Cases Reported.	Deaths.
Smallpox.....	..	..
Pneumonia.....	..	24
Phthisis Pulmonalis.....	3	16
Measles.....	4	..
Whooping Cough.....	..	..
Pseudo-Membranous Croup and Diphtheria.	71	17
Mumps.....	1	..
Scarlet Fever.....	5	..
Varioloid.....	..	..
Varicella.....	1	..
Typhoid Fever.....	11	..
Typho-Malarial.....	..	1

The physicians of Carroll county, Maryland, are about to organize a medical society.

The Medical Department of Nashville University now requires a course of four years.

There are said to be about 150,000 deaf mutes in India.

Syphilis is said to be very prevalent in Russia.

Paris is now taking an active fight against hospital and dispensary abuse.

Urinary diseases are to have a section at the International Medical Congress in Paris in 1900.

All the large theaters in Paris have a physician at each performance ready to respond to any call from the employes or the audience.

Dr. Jesse C. Coggins has been appointed assistant physician at the Maryland Hospital for the Insane (Spring Grove).

Dr. H. M. Keyser, a well-known physician of Virginia, died at his home in Honeyville, Page county, last Saturday, aged sixty-seven.

Drumming for doctors of Hot Springs, Ark., is carried on as a profession, and the doctors and drummers combine to get as much as possible out of the hapless patient.

The Lettsomian lectures of the Medical Society of London will be delivered next February and March by Dr. Samuel West, whose subject will be "Some of the Clinical Aspects of Granular Kidney."

At the last meeting of the American Public Health Association the following officers were

elected for the ensuing year: President, Dr. George H. Rohé, Sykesville, Md.; first vice-president, Dr. Henry Mitchell, Asbury Park, N. J.; second vice-president, Dr. J. E. Monjaras, San Luis Potosi, Mexico; secretary, Dr. C. O. Probst, Columbus, O.; treasurer, Dr. Henry D. Holton, Brattleboro, Vt.

According to the latest statistics in an exchange, Chicago ranks first in order as a medical center, with over 2500 medical students; Philadelphia second, with upwards of 2300 students; New York shows a decrease in attendance from 1889 of almost 200, giving her the third place, with 1900 students; St. Louis ranks fourth, with about 1400 students, having passed Baltimore, Cincinnati and Louisville; Baltimore has 1300 students, and occupies the sixth place.

The following officers were elected at the Nashville meeting of the Mississippi Valley Medical Association: President, Dr. Duncan Eve, Nashville; first vice-president, Dr. A. J. Ochsner, Chicago; second vice-president, Dr. J. C. Morfit, St. Louis; secretary, Dr. Henry E. Tuley, Louisville; treasurer, Dr. Dudley S. Reynolds, Louisville. Next place of meeting, Chicago. Chairman of committee of arrangements, Dr. Harold N. Moyer. Time of meeting, October, 1899, date to be determined by the executive officers and the chairman of the committee of arrangements.

The following new books have been received at the Faculty Library: Andrews, *The Living Substance*; Bacon and Blake, *Manual of Otology*; Baginsky, *Diphtherie* (Nothnagel Bd. 2, Th. 1); Barr, *Treatment of Typhoid Fever*; Bastian, *Aphasia, etc.*; Campbell, *Headache*; Coles, *Diseases of the Blood*; Curschmann, *Der Unterleibsyphus* (Nothnagel Bd. 3 Th. 1); Edinburgh University Calendar, 1898-1899; Eulenburg, *Real-Encyclopedie der Gesammten Heilkunde*, Bd. 18; Hewlett, *Manual of Bacteriology*; Ireland, *Blot upon the Brain*, 2d edition; Kaposi, *Handatlas der Hautkrankheiten*; Kelly, *Operative Gynecology*, two volumes; Klynnack, *Renal Growths*; Maddox, *Ocular Muscles*; Manson, *Tropical Diseases*; Roberts, *Orthopedic Surgery*; Schäfer, *Text-book of Physiology*; Shield, *Diseases of the Breast*; Stengel, *Text-book of Pathology*; Sturges and Coupland, *Pneumonia*, 2d edition; Tyson, *Physical Diagnosis*, 3d edition; Weber, *Mineral Water and Health Resorts of Europe*; White, *Materia Medica*, 3d edition.

Washington Notes.

Dr. Bailey K. Ashford, U. S. A., is at home on sick leave from Mayaguez, Porto Rico.

Dr. George C. Clark has been elected to chair of skin diseases at the Eastern Dispensary.

Dr. Sidney L. Johnson has returned from Chicago, where he has been staying for several months.

Twenty-one acres of ground have been secured at Savannah, Ga., for the purpose of constructing an army hospital. It is the intention that the establishment will cover the whole tract, and will be the largest hospital maintained under the auspices of the government. The forty-nine buildings are to cost nearly \$200,000.

At Wednesday evening meeting of the Medical Society Dr. Frey reported "Investigations concerning the use of antistreptococcal serum in puerperal sepsis, and thyroid extract in uterine fibromata," and Dr. Taber Johnson reported case with specimen of myomectomy. Dr. Lamb presented specimens of ulcerative endocarditis, malignant endocarditis and perforation of heart.

Two weeks ago a boy of ten years was taken to the Central Emergency suffering from injuries resulting from the kick of a mule. It soon became evident that an abdominal exploration was necessary. An incision being made, the abdominal cavity was filled with blood, the result of a ruptured spleen. There was nothing left but to remove the organ, the operation in all consuming an hour. The boy at this writing is doing well.

During the first six months of this year there were 4607 persons treated by the physicians to the poor, 946 white, 3661 black, or out of every 1000 persons residing in the District 16.44 received medical treatment—out of every 1000 whites 4.94, and out of every 1000 colored 41.22. The average cost of treating each patient for the six months was seventy-eight cents. The approximate amount received by each physician to the poor for each visit or office consultation was thirty-four cents.

The following good rules will be found in some of our emergency hospitals, not always followed to the letter, however, by physicians in attendance: "Emergency cases will be admitted at all hours, be given such treatment

as their necessities demand and be discharged if their condition warrant, being directed to employ an outside physician." Second rule, also a good one, is that "Emergency cases returning for a second treatment must bring a certificate of inability to pay for such treatment, in accordance with the regulations of the Medical Association of District of Columbia."

Book Reviews.

PRACTICAL DIAGNOSIS: The Use of Symptoms in the Diagnosis of Disease. By Hobart Amory Hare, M.D., B.Sc., Professor of Therapeutics in the Jefferson Medical College of Philadelphia, etc. Third Edition, revised and enlarged. Pp. xii-17 to 624. Illustrated with 204 Engravings and thirteen Colored Plates. Price \$4.75. Philadelphia and New York: Lea Bros. & Co. 1898.

Hare's Diagnosis is another popular work of that busy author, who has endeavored to publish a work which shall be eminently practical and which seems to find a ready sale. In this edition, which is the third, complete revision has been made and three new figures have been added, but there is little change from the second edition, which appeared a year ago. It is written on a different plan from most works of its kind and is a favorite with students.

A CLINICAL TEXT-BOOK OF MEDICAL DIAGNOSIS. Based on the Most Recent Methods of Examination. By Oswald Vierordt, M.D., Professor of Medicine at the University of Heidelberg. Translated, with the author's permission, from the Fifth Enlarged German Edition by Francis H. Stuart, A.M., M.D. Fourth American Edition, from the Fifth German. Handsome Royal Octavo Volume of over 600 pages, with 194 Illustrations, many of them in Colors. Prices, cloth, \$4 net; sheep or half-morocco, \$5 net. Philadelphia: W. B. Saunders. 1898.

It is nine years since the first American edition of Vierordt's Diagnosis appeared, and this is the fourth American translated so well by Dr. Francis H. Stuart from the fifth German edition. It is much more painstaking and contains much more detail than English and American works on the same subject, with the exception, perhaps, of Musser's large work. There is a tendency in too many text-books to multiply editions, which appear with too little change, and which are a heavy expense to the student who thinks he must have the latest edition. Larger editions and longer intervals between the publication of these editions would be fairer to the purchasers.

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Original Articles.

THE TREATMENT OF SEPTICEMIA BY BLOOD LETTING AND INFUSION OF SALT SOLUTION, WITH REPORT OF A CASE.

By *Hugh H. Young, M.D.*,

Instructor in Genito-Urinary Surgery, Johns Hopkins University; Attending Surgeon Union Protestant Infirmary, Baltimore.

I AM under obligations to Dr. Halsted for the privilege of reporting this case, which occurred in his practice.

Riggin Buckler, aged fifteen; seen first June 30, 1898, at Blue Ridge Summit. Complaint, abdominal pain in the hypogastric region; family history, negative.

Past history: Suffered the usual diseases of childhood. Was always a delicate child.

Appendix history: Since early childhood patient has had occasional attacks of indigestion, intestinal disturbance, associated with more or less severe abdominal pain. Dr. Lockwood saw him frequently during these attacks, generally put him to bed and administered calomel, and the boy would be well in a day or two. It is probable that all of these attacks were mild inflammations of the appendix.

Present attack was of five days' duration, and began June 25, just as all previous ones had, and at first seemed to respond to the usual remedies, so much so that his temperature fell from 103° on June 27 to 101° next day. On July 29 pa-

tient said he felt better, and his temperature was only 100°, but during the night he became slightly delirious and nausea and vomiting were frequent. Dr. Halsted was then summoned.

Day of operation, June 30, 8.30 A. M. Patient rational; abdomen distended. Tenderness over sigmoid and hypogastric region. No tenderness in the iliac fossa, but a soft, boggy mass felt in the pelvis. Diagnosis of probable appendiceal abscess made, though the symptoms and location of abscess were rather unusual.

Operation: Dr. Halsted operated, assisted by Drs. Lockwood, Van Ness, H. L. Smith Buckler and the writer. Ether was used. Laparotomy incision through the right rectus nine inches long. A slightly turbid fluid in the general abdominal cavity was found; intestines hyperemic, peritoneal gloss slightly impaired; evident early general peritonitis; mass in the pelvis surrounded by adherent intestines; not adherent to anterior abdominal wall. After breaking through these a large abscess was found, in which lay a very large necrotic appendix, which was perforated at its base. Pus was evacuated, appendix ligated and excised, cavity packed with gauze, which was brought out at the lower angle of the wound, remainder being closed with a continuous silk peritoneal suture, a silver mattress muscle suture and a silver subcutaneous suture.

After the operation Dr. Halsted returned to Baltimore, leaving the writer to look after the case. The patient was in good condition, pulse 92. Towards evening the temperature rose slowly, being 101.4° at 5.30, 102.4° at 10 and 103°

at 3 A. M. In the meantime the pulse had become more rapid, reaching 118. Patient was then restless, constantly vomiting small amounts of fluid; the abdomen was distended, tense, but no muscle spasm nor tenderness; pelvic pack draining profusely. During the early morning the temperature fell, but the pulse grew steadily worse, and at noon July 1 was 146, temperature 104°, respiration only 28. The abdomen was soft, flat, not tender; evidently no peritonitis present. Strychnia was given hypodermically in doses of 1-60 grain every hour, but had no effect on the pulse, which reached 170. At 4.30 a nutrient enema was given, and at 4.45 700 c.c. salt solution was injected under the right breast. The patient continued very thirsty and vomited incessantly. To relieve this the stomach was thoroughly washed out through a tube, with good effect.

At 7 P. M. (July 1) the boy was rapidly getting weaker; temperature 105.8°, pulse 156, but no signs of general peritonitis were present, and it became evident that the condition was one of general septicemia, and I realized that drastic measures were necessary, and decided to try the effect of venesection and transfusion to wash out the poison in the blood.

Accordingly at 7 P. M., under cocaine, I exposed the right basilic vein, inserted a large aspirator needle and allowed the blood to flow out, but the blood pressure was very weak and we could only obtain about two and one-half ounces. We then began to inject normal salt solution, which had been hastily prepared, using for this purpose a large aspirator; 1300 c.c. (one and one-half quarts) were injected slowly, about one hour being consumed in the operation. During the transfusion the pulse steadily improved and at the end had fallen from 160 to 130, and the volume which was previously almost imperceptible became fairly strong. His temperature fell from 105.8° to 104°, and his general condition was much bettered.

This improvement was very decided for an hour or two after the transfusion; the nausea ceased and he slept a short while, but very soon the pulse began to get more rapid, and at 3 A. M. (July 2) was 146 and quite weak in volume; the

patient was restless and slightly delirious; the temperature 104°.

It was very evident that the transfusion, while very beneficial, had not been sufficient, although he had received two quarts of fluid (700 c.c. subcutaneously and 1300 c.c. intravenously). Preparations were then made for another transfusion, and at 6.45 A. M. it was begun. 2500 c.c. (two and one-half quarts) of salt solution were used this time and had the effect of apparently completely washing out the blood infection. Temperature and pulse both dropped almost to normal, and after that there was never any great concern about the boy's welfare.

The following special chart, which includes the period of the first submammary and intravenous infusions, shows very graphically the effect of each, especially the last transfusion:

Time.	Amt. of salt solution infused.	Pulse.	Temperature.	REMARKS.
June 30				
a.m.				
10.25	113	100 ⁴		{ operation—appendectomy— evacuation large abscess.
11.25	92			{ operation ended—patient in good condition.
p.m.				
5.30	88	101 ⁴		doing well.
11.00	104	102		very restless.
July 1				
a.m.				
3.00	118	103		{ vomiting—abdomen soft, not tender.
noon	146	104		cold sponge—pulse much weaker
p.m.				
1.30	164			strychnia gr. 1-60 every hour.
4.30	170	105		{ pulse very weak—patient very restless—condition rapidly getting worse.
				{ infusion beneath right breast 1½ pints salt solution.
4.45	700 c.c.			120 c.c. salt enema retained.
5.00	120			
5.45	156	105 ⁵		{ pulse improved by infusion, but fever gradually increasing.
6.30	160	105 ⁶		{ condition of patient becoming rapidly worse—pulse very weak.
				{ operation—exposure of Bas- ilic vein; removal of 2½ oun- ces of blood—intravenous— infusion 1300 c.c. (1½ quarts) of salt solution.
7.10	156	105 ⁸		infusion begun.
7.30	600 c.c.	148		pulse improving in strength.
8.00	1300 c.c.	130	104	{ pulse full and strong—general condition of patient remarka- bly improved.
July 2				
a.m.				
1.00	130	104		{ condition of patient greatly improved since infusion.
2.45	146	104		{ pulse becoming weaker again temp. not rising.
4.30	146	103 ⁸		{ pulse very weak—patient rest- less, delirious—preparations made for second intravenous infusion.

6.45	146	103 ⁸	left Basilic vein opened— infusion begun.
6.55	2000.c.	120	pulse slower, but weak.
7.02	600	120	pulse much stronger.
7.08	1000	120	103 ²
7.17	1500	116	{ patient much stronger and now perfectly rational.
7.28	2100	112	{ patient says he feels "full" all over.
8.10	2500	108	{ pulse very full and strong— general condition greatly im- proved—complains of "full- ness" all over body, 2500c.c. (2½ quarts) have been intro- duced infusion stopped.
9.00			{ patient has been very quiet since infusion—now sleeping.
9.30			{ infusions have had a marked diuretic effect, 25 ounces voided in past 12 hours.
11.30		100	
12.00		104	101 ² sleeping soundly.
p.m.			
10.00		96	101 ³ condition fine.
July 3 a.m.	6.00	84	101 ³ { pulse strong—general condi- tion good.

NOTE.—Subsequent convalescence uneventful.

On July 2 Dr. Halsted returned and removed the skin stitch. It was then found that the infection had traveled up the abdominal incision and had been so virulent as to cause a slough of the edges of the rectus muscle for five or six inches. This was followed several days later by a wide separation of the edges of abdominal wound, and the thin layer of peritoneum, which had fortunately been sutured separately from the muscle, alone prevented evisceration.

The subsequent convalescence was tedious, but uneventful, the abdominal pack being gradually removed and the sinus finally closing.

CONCLUSIONS.

This case, which has been recited at considerable length, is a striking example of the wonderful therapeutic possibilities of saline infusions.

Of late evidence has been rapidly accumulating showing their great value in acute anemia, uremia, eclampsia, coma, post-operative shock, etc. In cases of toxemia the rational treatment is certainly to remove by venesection as much of the toxic blood as possible and replace it by a normal salt solution. One vein may be used for both purposes, or one may be bled while one on the opposite arm is infused.

This simultaneous depletion and infusion makes it possible to withdraw much more of the poisoned blood without fear of shock.

As exemplified by this case, very large

amounts of fluid may be necessary before the toxic agent is neutralized or washed out. The first 700 c.c. which was injected beneath the breast reduced the pulse from 170 to 156; but it had no effect on the temperature, which even continued to rise, and the pulse soon became weak again. The next infusion (intravenous) of 1300 c.c. reduced the pulse from 156 to 130 and the temperature from 105° to 104°, but here, again, both soon began to rise, and it was only after the last intravenous infusion of 2500 c.c. both fell never to rise again.

An interesting question is, "How much dilution can the blood stand?"

Taking the common estimate, the adult man has between 4000 and 4500 c.c. of blood in his body. Our patient, a delicate boy of fifteen years, probably had very much less, yet he received 4500 c.c. additional fluid into his vascular system without any bad effect.

It would, therefore, seem proper and justifiable in a case of septicemia in the adult to infuse 7000 c.c. or more of salt solution. I feel sure no harm would be caused if it were injected slowly and at two or more sittings.

It is certain that small amounts—a quart or so—will be utterly useless in many cases. The curative effect is probably due both to the dilution of the poison and its rapid elimination by the excretory organs, brought about by the high artificial vascular tension. (The diuretic effect of infusions is very marked.)

Method of Infusion.—The subcutaneous and submammary methods are probably adequate for cases that are not urgent, but for others the direct infusion into a blood-vessel is certainly much more certain and immediate in its results. The intravenous method, which was most successful in this case, is not without danger on account of the possibility of air and foreign body emboli, and a few cases of death from such causes have been reported. This led Dr. Halsted, in 1884, to advocate* centripetal arterial transfusion as being devoid of all danger. The radial artery, Dr. Halsted thinks, can be more easily exposed than a superficial

*Refusion in the Treatment of Carbonic-Oxide Poisoning. *Annals of Surgery*, January, 1884.

vein in many cases, this being especially true with fat subjects.

All toxic conditions would seem to come within the province of the depletory venesection and saline infusion, not alone the surgical septicemias, but the toxic states of typhoid, pneumonia, diphtheria and malaria, and there is no reason why the procedure should not be repeated as many times as is necessary to combat the blood infection.

In a case of severe malarial coma last summer Dr. Schenck, at my instance, removed thirty ounces of blood and followed it by an infusion of nearly two quarts of salt solution, with very good effect. The loss of healthy corpuscles is more than compensated for by the removal of parasites, toxines and dead corpuscles.

SALICYLATE OF SODIUM. ITS THERAPEUTIC USES.

By *Edward Anderson, M.D.*,

Rockville, Md.

READ AT THE SEMI-ANNUAL MEETING OF THE MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND,
HELD AT FREDERICK, NOVEMBER 16-17, 1898.

I HAVE chosen this drug as the subject of my remarks on account of its having a wider range of usefulness than any other with which I am acquainted and I prescribe it oftener than any other remedy. So well do the patent medicine men understand its value that there is scarcely a proprietary article manufactured for the relief of pain which does not contain this salt.

Rheumatism.—If the patient's habits are properly regulated there is no form of rheumatism which will not yield to salicylate of sodium if given in large enough doses and continued sufficiently long. The more acute the disease the more speedily is a cure effected.

In July, 1879, I was treating a case of rheumatism with three-grain doses of salicylic acid, given three times daily in water, with no other effect than to make my patient's throat sore, when I came across an article in a medical journal recommending salicylate of sodium, which I immediately employed and have em-

ployed ever since with perfect satisfaction.

Before this drug fell into my hands I quite agreed with Dr. Warren of Boston, who, on being asked the best remedy for rheumatism, replied, "Six weeks." There can be no question as to the fact that salicylate of sodium is as much a specific in the treatment of rheumatism and all rheumatoid affections as quinine is in malaria. It is also the most active scavenger we possess, surpassing even iodide of potassium in this respect. About a year ago I had a rheumatic patient under my care who had a nodulated tumor between the metacarpal bones of the thumb and first finger about the size of a black walnut and almost as firm as cartilage. I gave him fifteen grains of salicylate of sodium three times daily for three weeks, by which time the growth had softened and been reduced to less than half its original size. No doubt all rheumatic deposits are absorbed by it in like manner.

Tuberculosis.—I have no doubt but that there is a close relationship between rheumatism and tuberculosis, for we often see families divided between the two diseases. I have such a family in mind at the present time. The mother died young, of what I know not. The father, though quite old, was tuberculous. The elder boy developed pulmonary consumption at the age of twenty and died within a year. The surviving son developed rheumatism at about the same age. Though an invalid, he married and had eight children, all of whom were tuberculous.

If we wish a tuberculous patient to improve, whether the disease be located in the lungs, abdomen, joints or brain, we must clear away the debris—the products of tuberculosis—before we can hope to establish a cure by building up, and I know of no better agent for the purpose than salicylate of sodium. Iodine has always been found of advantage in this disease, because it acts in a similar way. Nature's method of getting rid of the products of tuberculosis is through suppuration, accompanied by hectic, and usually followed by death.

December 12, 1889, an epidemic of influenza made its appearance in my locality for the first time, and I began treating it with salicylate of sodium. I arrested

many cases of incipient phthisis before I became aware of its curative properties in that disease. During the summer of 1897 I commenced the treatment of a case of advanced phthisis with five-grain doses of salicylate of sodium, given in tablet form, three times daily, giving the syrup of hypophosphites at the same time. Although my patient's temperature was never lower than 100° F. and often as high as 105° F., she gained twelve pounds and was able to do laundry work all the following winter. On the first day of August, 1898, I was called to a case of phthisis pulmonalis in an advanced stage. The patient was a man twenty-three years of age, who had a cavity in the left lung, a temperature of 102° F. and night sweats. He had lost twenty pounds in weight in three months, and his cough was so troublesome that he got very little sleep at night. I put him on five-drop doses of creosote, three times daily, increasing the dose to twenty-seven drops, which was as much as he could stand. I continued this treatment for several weeks, and he improved slightly under it, but refused to take it any longer. I then gave him Blanard's iodide of iron pills and salicylate of sodium tablets, giving one pill of the former and a five-grain tablet of the latter three times daily. Under this treatment he gained ten pounds in less than a month. Although I have no hope of his ultimate recovery, it is very gratifying to secure so much improvement in his condition. Take it all in all the salicylate of sodium treatment is the most satisfactory I have ever employed in tuberculosis.

Typhoid Fever.—There are two complications which often develop in typhoid fever, viz., rheumatism and meningitis. The former is, I think, much more common since the cold-water treatment came into general use. I have seen inflammation of the hip joint, the result of this disease, so severe that absorption of the head of the femur took place, with two inches of shortening. Meningitis, when it occurs in connection with typhoid fever, generally proves fatal, and every means should be employed to prevent it. Both of these complications can, I believe, always be prevented by the administration

of salicylate of sodium, five grains, three times daily being sufficient for the purpose. If the stomach will not tolerate it, it may be given by enema, but in larger doses. I saw a patient a short time since whose eyes, a few days before his death by typhoid meningitis, were so irresponsible to light that a lighted match could be held within an inch of them without affecting them in the slightest way. After the administration of three enemas, each containing fifteen grains of salicylate of sodium, given eight hours apart, the boy recovered his sight so far as to be able to watch persons moving about the room. I have prescribed the above-entitled remedy in every case of typhoid fever I have treated for the last two years, and as long as I obtain the uniformly good results I have in the past I will continue to prescribe it.

Chronic Dyspepsia.—I have cured many cases of chronic dyspepsia with salicylate of sodium through its antifermentative and antiputrefactive properties, and I believe some cases of recent cancer of the stomach through its deobstruent properties. I was once treating a woman with flatulent dyspepsia with what I do not remember, but, at any rate, I did her no good. She would eat heartily and become frightfully distended, and eructate from one meal to the next. I was passing her house one day, when she called me in and told me she had a medicine that some other doctor had given her, and as it had cured her she wished me to know about it. When she handed me the bottle I saw it was salicylate of sodium in solution. I said: "My good woman, I introduced that drug into Montgomery county some years ago." Had she asked me why, being so familiar with it, I had not used it in her case I would have been obliged to say, as the child does when it fails to do what experience and teaching have shown it to be right—"I forgot." Yes, we often forget until the grave closes over—what shall I say, if the sins of omission are as great as those of commission?—over our victims.

Lithemia.—This condition is always accompanied by a form of indigestion which salicylate of sodium will correct, but we are rarely made aware of its existence un-

til renal colic supervenes. When called to a case of this kind a hypodermic of morphia is always needed, after which I always flush the kidneys with acetate of potash and give a five-grain tablet of salicylate of sodium three times daily for at least three months. I have had many cases under my care, some of which were recurrent, where lithia had been used. All the cases treated in the above described manner have been cured, and I believe permanently cured.

Zymotic Diseases.—Sodium salicylate is indicated in all zymotic diseases, particularly diphtheria and scarlet fever. The former is generally attended with tonsilitis, a rheumatoid affection. So apart from its germicidal properties it is clearly indicated in this disease. Scarlet fever is often accompanied by rheumatism. I have seen a child suffering from scarlet fever, with thighs flexed on the abdomen and legs flexed on the thighs so tightly that they could not be moved without an amount of suffering past endurance, fully relieved in forty-eight hours by the administration of this drug.

Eye Strain and Ptosis.—I believe in specialists and always send my patients to them when special treatment is indicated, but they are sometimes too special. Apropos of the shoemaker: On one occasion, when a town was approached by a hostile army and the citizens were looking around for the best means of defense, the shoemaker said there was nothing like leather.

Four years ago I had under my care a young lady suffering from eye strain and ptosis. She was obliged to use her eyes all day and a part of the night. Each day her eyes became more painful and sight more imperfect. I advised her to consult a specialist, which she did. Within three years she had consulted three specialists in as many large cities, who one and all prescribed expensive glasses, which she thought for a time benefited her, but her sight grew worse and worse, until I thought it time for me to interfere. Knowing she had suffered from rheumatism, I gave her fifteen grains of salicylate of sodium three times daily for three weeks, since which time she has been able to use her eyes all day without pain, and

could use them all night if she thought proper.

I hope the specialists present will not take offense at what I have said, as no slur is intended, for I, a general practitioner in a country district, am of necessity a specialist in every branch.

THE TREATMENT OF ACNE SIMPLEX.

By *W. G. McKinney, A.M., M.D.,*
Philadelphia.

THE treatment of so prevalent a disease should receive careful attention. It is not so slight an ailment as many regard it. It is indeed "one of the minor oppobria of medicine," but when we consider the number of persons with faces disfigured for life with pits almost as bad as pock-marks, it is surely one's duty to do all in his power to prevent such a distressing condition.

While it is true that acne often runs its course without leaving traces of its ravages, yet this is no excuse for its neglect. It is not right that a child should incur the risk of disfigurement, when a few months of careful attention will, in the majority of cases, cure the disease. The practitioner, with mind engrossed and sensibilities dulled by more serious ailments, little realizes, it is feared, the importance to his fair patient of having a good skin. It is a serious matter to her, and must be so regarded by the physician to obtain successful results by his treatment. Especially are we to guard against the reprehensible practice, frequently indulged in by the old family doctor, of telling the parents of a growing child "not to worry about the pimples, as he will soon outgrow them, and that treatment will drive them in," or of saying "the boy is at the pimply age," as though that were one of the "seven ages" spoken of by Shakespeare.

This inflammatory disease of the sebaceous glands, with its comedones, papules and pustules, is usually so diagnostic that "he who runs may read." Its different varieties depend largely upon the severity of the attack and the promptness of beginning proper treatment. The scars, in-

durations, hypertrophies and keloid formations rarely result when active treatment is begun early. The disease does not often occur in young children, and for the first time in those of adult life, but is essentially a disease of puberty, and runs a protracted course if untreated.

The first step in treatment is to ascertain, if possible, the cause. In no integumentary disease is this more essential. The immediate cause is the presence of the *staphylococcus pyogenes albus*, but the predisposing causes are numerous and varied. We do not sufficiently appreciate the fact that the skin is one of the most sensitive organs of the body, and hence its character is easily disturbed by changes taking place in other parts of the animal economy. Imperfect assimilation of food causes an altered composition of the blood, which affects the oil of the sebaceous glands, causing its inspissation and retention, thus irritating the glands of the hair follicles. We find, therefore, the main cause of the disease in the *prima viae*. Indigestion and constipation, with their endless sequences of auto-infection, are the prime causal factors. At times the relation is so obvious that an exacerbation of the lesions may be noticed after an attack of dyspepsia or constipation. The patient himself will frequently ask whether the disease is in the skin or in the blood, to which one might reply, "neither, but in your bowels and stomach."

Anemia is a frequent cause, and also chlorosis, most frequently met with in young girls, in whom it is so often associated with dysmenorrhea. Scrofula, tuberculosis and general debility are also predisposing causes. The general character of the skin often furnishes a cause, the thick, oily skins and those that are dry and hard being those especially predisposed to these lesions. This thick, oily condition of the skin frequently occurs in perfectly healthy young men, in whom it is impossible to assign any other cause. Excessive eating and certain articles of food, as buckwheat or even oatmeal, should likewise be considered as a possible cause. A great predisposing cause is puberty. This may be explained by the fact that at this time there is an

increased activity of the whole sebaceous system in conjunction with the development of the hairs, causing increased blood supply to the follicles, and also the general functional and circulatory changes occurring at this period.

The treatment of this affection requires care and deliberation. The habits of the patient must be minutely investigated. His business, hours of meals, amount of exercise, habits of eating, favorite foods and drinks, his idiosyncrasies and indulgences should all be known. The physician should give his directions with precision, and then see that they are carried out in full. At the very outset one should tell the patient candidly that he cannot expect to get well in a week or two, but that it will require several months of careful treatment. It will seem a long time, but when the present humiliating papules and the possible danger of permanent disfigurement are duly presented for his consideration, one will usually obtain hearty co-operation in carrying out the treatment. Knowing what to expect, he will not become discouraged in a week or two and try another physician. The suggestion might well be made here of having the patient pay by the month, and encourage him to call frequently.

Careful attention must always be given to personal hygiene. Proper bathing should receive first attention. A bath may be taken on Saturday night, "whether it is needed or not," but this is not sufficient. Seven times a week is none too frequent, and one should never be content with less than three. Not only does it promote the functional activity of the integument, but the many disease germs found on the skin may be largely removed by frequent bathing. The best time is at night, just before retiring, using hot water and plenty of good soap, to be followed by cold sponging and hard rubbing with a heavy towel, and afterwards one should immediately retire to avoid becoming chilled. This bath usually invites the refreshing sleep so necessary to a good complexion. In the morning it is advisable to take another cold sponging, or, better still, a cold plunge bath, followed in either case by brisk rubbing and possibly some light gymnastics to

bring on a good reaction. Unless this reaction follows, the cold tubbing must be abandoned, but the cold sponging can be taken by all. The objection might be made that a hot bath every day is debilitating, but rarely is this the case when the bath is followed by cold sponging.

The proper food for one's patient is an important consideration, and usually a difficult one, owing to personal tastes and idiosyncrasies. It is not, as a rule, best to burden the patient with long lists of what to eat and what not to eat, as he grows tired of the restricted diet and refuses to follow directions. If he avoids fresh breads, pies, rich cakes and all fried and highly-seasoned foods, he may be allowed nearly everything he wishes, unless he finds certain articles to disagree with him. Pork, corned beef, dried beef, salt fish and smoked fish are difficult foods to be digested, and should usually be avoided. Candy and sweets should be taken as sparingly as possible, but a little candy may at times be allowed with the meals, if it does not seem to disagree. All alcoholic drinks are to be prohibited; also tea and coffee. A good drink is made of one of the several brands of cereal coffee on the market. Little fluid should be taken with the meals, but a considerable quantity of pure water may be taken with advantage between meals. Tomatoes, berries and shell-fish are to be interdicted in the small papular form of the disease, and where the skin is easily irritated or prone to attacks of urticaria. The diet must be directed towards ameliorating the constipation when this is present, recommending whole wheat bread, bran bread, oatmeal, cracked wheat, cornmeal, molasses, brown sugar instead of white, stewed fruits, figs, etc. In those accustomed to overeating, an exclusive milk diet, if milk is well tolerated, is often of the greatest benefit.

Exercise in the fresh air must be recommended in many cases, and often a complete change of climate is required. It should be remembered that, as a rule, the country is better than the seashore, as the salt air acts as an irritant to sensitive skins.

The medicinal treatment must be both internal and external. The constipation

usually requires first consideration. Often an orange early in the morning or a cup of hot water taken half an hour before meals is all that is required.* A little Rochelle salts may be added to the hot water in the morning, especially for those of a full habit, or a glass of vichy or Hunyadi Janos may be occasionally taken. Most important is the regulation of the patient's habits of going to stool. A convenient time should be chosen, preferably in the morning, which should be religiously kept and thus a regular habit formed, and during the day, whenever necessary, the calls of nature should receive immediate attention. Too much stress cannot be laid upon these elementary considerations.

Of the numerous laxatives, cascara sagrada is one of the best, being palatable and mild in its action and easily regulated in dose; or confection of senna, or the pills of aloin, belladonna and strychnine, or podophyllin gr. $\frac{1}{4}$ may be given. Indigestion will require appropriate treatment, strychnia sulphate gr. 1-30 before meals with essence of pepsin following the meal being recommended, or the well-known mixture of bitter tonics with the mineral acids. In anemia and chlorosis iron is of course indicated, but it should be remembered that in many cases of acne iron is not well borne. In the scrofulous and tubercular, codliver oil and hypophosphites are needful.

The remedy par excellence for all cases of pustular acne is, in the writer's experience, calcium sulphide. It is a remedy especially claimed by our homeopathic brethren, who even go so far in their theory as to claim that it will produce the disease when taken in large doses, and possibly it may by gastrointestinal disturbances. But when rescued from the "law of similia," and given in active doses, it is a drug of rare curative power against the acne pustules. The proper dose is usually gr. $\frac{1}{2}$, in tablet form, given twice daily and rapidly increasing to four or more a day. The odor of the tablets is often objectionable, but the fastidious may take sugar-coated pills or capsules. It is not well to combine it with other drugs, but if other medicament is desired, the calcium sul-

phide can be taken very advantageously between meals. In some cases it is better to begin with gr. 1-5 or 1-10, and then increase, but it is usually well borne by the stomach, and there is little danger of giving too much.

The writer would give his testimony against the use of arsenic in the active inflammatory stage of the disease. Here it does actual harm. The action of arsenic is exerted chiefly upon the epidermis, and has little effect upon the deeper structures in which the acne lesions mostly lie. After the acute symptoms have subsided, leaving possibly discolored patches or indurations, or if the disease is indolent and sluggish, arsenic is then the indicated remedy. A convenient form of the drug is the iodide, of which gr. 1-40 t. i. d. is an average dose, but it need not replace the well-tried Fowler's solution.

The local treatment is of great importance, and should receive much personal attention from the physician. As the patient may injure the skin in his violent endeavors to extract the black-heads and to open the pimples, the physician can well afford to spend a short time at each visit in gently pressing out the larger comedones and lightly curetting the smaller ones with the comedo-extractor. Too much pressure must be avoided, as it tends to spread the micro-organisms into the surrounding tissue. In opening a pustule, the needle or lancet should be introduced at the base of the lesion, and by moving the point around inside it will break up the contents, which should be gently squeezed out without removing the upper portion of the pustule, which will form a good protecting scab. It may seem trifling to use such care, but some at least of the subsequent scarring may be thus avoided.

Many recommend puncturing each lesion with a sharp-pointed stick, moistened with the acid nitrate of mercury, and it is a good procedure if it does not cause too much irritation. The writer's plan is to use electrolysis. A mild negative galvanic current from three or four cells is passed on a steel needle through each lesion for about half a minute. This is especially serviceable for the indolent papules, which refuse to change their

condition for better or worse, and for the dilated capillaries and the keloids. Benefit is often derived from the use of the Faradic current. Sponge electrodes are used, the positive pole being applied at the base of the neck and the negative over the affected area. The current should be sufficiently strong to cause a slight tingling sensation, but no great contractions of the muscles. The electrodes should not remain in any one place longer than a minute, and ten minutes will suffice for the entire sitting.

Since the exciting cause of the disease is the presence of the pus organisms, an antiseptic is needed. This can be used advantageously in the form of a soap containing sulphur or bichloride of mercury. It is usually sufficient to use the soap once a day, and that preferably at night, using hot water, and any irritation resulting will have passed off by morning. The use of soap should be avoided just before going out into the air, as it dries the skin, which is then apt to become chafed. For those of tender skin it is advisable to cleanse the face once or twice a day by the use of some mild semi-solid cream. This obviates the use of so much soap, and is very soothing and cleansing. In prescribing external applications, lotions are generally to be preferred to ointments, especially when there is a tendency to seborrhea. In the use of ointments for ladies, one must bear in mind the possibility of their developing hair upon the face, and avoid as much as possible those containing lard or vaseline. Lanolin is possibly the least objectionable in this respect. Some bland ointment, such as cold cream, should be used if at any time the stimulating applications cause too much irritation.

Of the numerous external applications recommended, the most valuable one is sulphur.

A convenient formula is the following:

R. Sulphur precip, dr. i.

Ether, oz. ss.

Alcohol, oz. iiiss.

S. Use externally.

The lotion should at first be applied only at night, but after the skin becomes accustomed to it, it may be used advan-

tageously several times a day. The sulphur often causes considerable irritation when first applied, but rarely so much as to cause its discontinuance.

If an ointment is desired, it may be prescribed as follows:

R. Sulphur precip., dr. i.
Ung. aquae rosae.
Lanolin $\ddot{a}a$, oz. ss.

S. Use externally.

Another good combination is:

R. Potass. sulphid.
Zinci sulphat, $\ddot{a}a$, dr. i.
Aq. q. s. ad oz. iv.

S. Use externally.

The use of very strong stimulants, as napthol, resorcin, caustic potash, etc., is to be avoided, as their effect is often very injurious to the skin. The disease does not require strong stimulation. The remedies suggested will usually be found to be sufficiently active. If, after the papules and pustules have subsided, the skin remains discolored and thickened, an ointment of tar and sulphur or ichthylol and sulphur should be used, rubbing it in for half an hour or more each night. Massage and electricity are useful adjuncts at this stage.

The object of the present paper has not been to bring together all the possible preparations useful in acne, but to present those remedial measures used in the writer's practice with sufficient success to warrant their repetition.

TEST FOR PEPTONE IN THE URINE.—Freund (University Medical Magazine) says if the urine contain albumin it must first be acidulated with acetic acid, boiled and neutralized, but not filtered. Then to ten cubic centimeters two or three drops of a 10 per cent. solution of lead acetate are added. The mixture is filtered. The filtrate should be colorless, and is then particularly adapted for the performance of the biuret test, and does not give any of the reactions for native proteids or nucleo-albumin. This test is said to obviate the disadvantages of the more commonly employed tests, in the performance of which, among other inaccuracies, the coloring matter of the urine may simulate the biuret test.

Medical Progress.

FUNCTIONS OF THE OPTIC THALAMI. The October number of the Archives de Physiologie, as quoted in the Lancet, contains an article giving an account of some recent researches made by M. J. Sellier and M. H. Verger on the functions of the optic thalami. The deep position of the thalami renders them difficult of access, and it is not surprising that differences of opinion in regard to their function should exist, and that whilst Fournié, Ferrier and Lemoine came to the conclusion that there were sensory troubles after destruction of the optic thalami, Nothnagel failed to find any defect in the general sensibility of the body, but noticed that animals in which the thalami were destroyed on both sides seemed to have lost the sense of the position of their limbs, since, without being paralyzed, they allowed them to remain in any position in which they were placed. M. Sellier and M. Verger determined to make some further researches with improved methods of investigation, with the object of ascertaining with greater exactness the effects of injury to this region of the brain. They selected the dog and adopted the plan of bipolar electrolysis, in which fine needles were made to penetrate the substance of the thalami and a current of a mean strength of ten milliampères was passed. In none of these animals were any symptoms of meningitis observed, and the necropsy in each case showed that the destruction of tissue was small (of about the size of a grain of maize) and sharply defined. The animals were allowed to recover from the operation and tested systematically for some weeks. It was found when examined from eight to ten days after the operation that motility and sensitiveness to heat were always intact. The sense of the position of the limbs and the tactile sensibility were always manifestly affected. At the conclusion of a fortnight the disturbances of sensibility had entirely disappeared, which M. Sellier and M. Verger regard as the most important outcome of their observations. In two cases there were marked and permanent visual troubles, but they were unable to

determine whether there was complete unilateral blindness or a crossed hemianopsia. They satisfied themselves that the optic thalami have no influence on the voluntary movements of the animal operated on, and that there were no compulsory or forced movements. Their sensory rôle is undeniable, but the thalamic anesthesiae, like cortical anesthesiae, do not include sensibility to pain and are transitory in duration—circumstances which support the view that the functions of the cerebral ganglia have similar if not identical functions to those of the convolutions of the brain.

* * *

MENTAL DISTURBANCE AFTER OPERATIONS.—Rayneau, at the Congrès des Médecins Aliénistes (British Medical Journal), discussed the causation of mental disturbance following operations. Many varieties of such disturbance have been recorded—mania, melancholia, dementia, hysteria, etc.; there is no one type of affection which prevails, no *folie post-opératoire*. The question of importance is whether these disturbances may occur in any subject, or whether there must be some predisposition, hereditary or acquired. The evidence seems to be in favor of the latter view, and in some of the recorded cases there was undoubtedly some mental flaw before the operation. The exciting cause is very doubtful; moral impression, shock, the anesthetic, the antiseptics and general ill-health have all been blamed, but perhaps preceding alcoholism and the occurrence of septic infection are the most important factors. Gynecological operations are not more likely to cause mental trouble than other forms of surgical interference, and in any case the complication is rare, mental disturbance having been noted only after 1 or 2 per cent. of all operations.

* * *

EDGED TOOLS.—A lamentable fact which one is reluctantly forced to recognize, says the Pennsylvania Medical Journal, is the astonishing ignorance in medical matters of well-educated and presumably sensible people and their readiness to tamper with their health by dosing themselves habitually with some

compound of unknown composition, preferably a "tonic." Men who would not attempt to treat a valuable horse without an expert medical opinion consider themselves quite competent to prescribe for themselves and their wives and children. In many a household there is a bottle of formidable proportions, which is regarded as a sort of liquid vitality, and from which the head of the family dispenses, as he thinks, health and energy if one of the members looks pale, lacks appetite, has a headache, or in his opinion "needs a tonic." Another sad side of the matter is the number of women who take some patent headache preparation while really ignorant of its composition. The man who takes whiskey before eating to give him an appetite at least knows what he is doing; the woman who takes some harmlessly-named preparation to allay pain does not; and when finally a physician is called in he often finds her with shattered nerves, weakened will and broken health, a victim of cocaine, morphine or some other insidious drug. The physician's inability to cure obscure symptoms is often due to his ignorance of his patient's playing with these "edged tools."

* * *

A VALUABLE DISINFECTANT.—The disinfectant recommended by Krönig and Paul in the Philadelphia Polyclinic, discovered in the course of their pains-taking tests of various disinfectants by the light of the new physicochemical theories of solutions and electrolytic dissociations, is a mixture of potassium permanganate and hydrochloric acid. This solution kills the most resistant spores from extremely virulent anthrax bacilli in a few minutes, while it is cheap, non-toxic, convenient and fully equal to a 5 per cent. solution of sublimate. They ascribe its remarkable microbial power to its extremely active ions. As a disinfectant for the hands, for instance, they recommend the formula: 45 c.c. of pure hydrochloric acid; dilute with 1600 c.c. of water; add 500 c.c. of a 5 per cent. solution of potassium permanganate. The solution also stains the skin, but the latter stain is easily removed with a 1.3 per cent. solution of oxalic acid.

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BALTIMORE, NOVEMBER 19, 1898.

THE meeting held last week to revise the Faculty's constitution was well attended by members who took a genuine interest in the work and who stayed patiently to the end until each section had been carefully considered. Many excellent suggestions were made, and it is a great satisfaction to the JOURNAL and to those who upheld it in its suggestions that the Faculty accepted many ideas which had been advanced in these columns. The next duty will be to see that all the corrections and suggestions which were accepted are exactly incorporated in the original and the whole be printed without error.

The president of the Faculty, Dr. S. C. Chew, presided with dignity and patience and to the end rendered promptly his decisions and helped to bring order out of confusion. Great credit is also due the Faculty's untiring secretary and the committee on revision. Each year the Faculty is making some progressive move and is showing its power and strength in the State.

The meeting which has just closed in Frederick will show in the reports that will follow how much interest the physicians, and the citizens, too, of Frederick city and county have taken in the meeting held there.

ONCE more the grasping monopoly of the German drug manufacturers is brought to general notice in the change in **Made in** price of antipyrine, which was **Germany**, formerly about \$1.25 an ounce and which can now be bought for something less than twenty-five cents an ounce.

The *Bulletin of Pharmacy* contains an excellent article on the extortions of foreign manufacturers and shows the great discrepancies in the prices of such common drugs as phenacetine, sulphonal and trional when bought in the United States and when bought outside of this country, as, for example, in Canada, not very far away. Thus the price of phenacetine per ounce in Canada is twenty-five cents, against \$1 in the United States.

There are probably hundreds of drugs which are used here and made in Germany, taking millions of dollars to that country. The objection, of course, is not to enriching that country, but in taking away money and trade which should be kept in our own country and which protectionists are supposed to violently oppose.

The difficulty of competition is that the patent laws of the United States are so broad that they give a patent on the process of manufacture, on the product when made and on its name, while in such countries as Germany, France, England and Canada the law allows no exclusive monopolies in any food and remedial substance, the inventor being allowed only a patent on his process of manufacture.

This is a fairer law and certainly is to the advantage of those of moderate means. Physicians who use compounds of foreign make patented in America should be careful not to make the prescription bills of their patients too large. Of course, there are preparations made and patented in this country. These bring in a profit to the manufacturer far greater in this country than abroad.

This law, working so unequally against the United States, has resulted in dwarfing the large commercial laboratories in this country as compared to those countries mentioned, and of the few large laboratories that do exist in this country they do so by virtue of the excellence of their preparations more than by any protection that they enjoy. The American Pharmaceutical Association will try to convince the new patent commission that our patent laws need a thorough revision.

Medical Items.

We are indebted to the Health Department of Baltimore for the following statement of cases and deaths reported for the week ending November 12, 1898:

Diseases.	Cases Reported.	Deaths.
Smallpox.....	..	10
Pneumonia.....	..	18
Phthisis Pulmonalis.....	2	18
Measles.....	..	..
Whooping Cough.....	..	..
Pseudo-Membranous Croup and Diphtheria. }	67	12
Mumps.....	..	..
Scarlet Fever.....	8	..
Varioloid.....	..	..
Varicella.....	..	..
Typhoid Fever.....	21	7

The Maryland Public Health Association held a very successful meeting at Easton last week.

The *Canadian Medical Review* and the *Canadian Practitioner* have been consolidated, and the new journal is called the *Canadian Practitioner and Medical Review*.

Dr. Philander V. Benson, a well-known physician of Southwest Baltimore, died at his home last week, aged fifty-nine. Dr. Benson was born in Somerset county and received his degree at the University of Maryland in 1862.

On account of disease and rebellion in Venezuela, the meeting of the Pan-American Medical Congress, which was to have been held at Caracas, Venezuela, in December, 1899, will be postponed to December, 1900.

The *Medical Age* spoke rather freely of an osteopath, whatever that may be, and the aforesaid osteopath forthwith brought suit for \$25,000 against the journal. Journals had better be careful not to arouse the ire of this peculiar being.

Among the recent books added to the library and in part enumerated last week were ninety-seven from England for the Frick Library, among which was a complete set of the Old Sydenham Society Publications. By the bequest of the late Dr. Hezekiah Starr the library received 135 volumes.

At the last meeting of the board of managers of the Union Protestant Infirmary Dr. Hugh H. Young was elected surgeon in the place of

Dr. Alan P. Smith, who died last summer, and Dr. Omar Pancoast was elected resident physician to succeed Dr. Daniel Z. Dunott, who resigned to take up private practice.

A dispatch says that the will of the late Professor Baron of the University of Berlin, who died last month, stipulates that his entire fortune shall be given to the city for the purpose of founding a home for children who shall be raised on a vegetable diet. The Berlin municipality, however, has consulted the medical authorities on the subject of vegetarianism and has decided to refuse the legacy.

The Washington County Medical Society last Wednesday elected the following officers: Dr. C. D. Baker, Rohrersville, president; Dr. J. E. Pitsnogle, Hagerstown, and Dr. H. C. Foster, Clear Spring, vice-presidents; Dr. C. R. Scheller, Hagerstown, treasurer; Dr. C. L. G. Anderson, United States Army, Smithsburg, and W. Preston Miller, Hagerstown, secretaries. Retiring President Dr. V. M. Reichard, of Fair play, delivered an address. Dr. A. S. Mason presented a paper on "A Case of Tetanus, with Recovery," which was generally discussed. Dr. J. Prather Perry, Clear Spring, and Dr. A. S. Mason, Hagerstown, were elected new members.

The College of Physicians of Philadelphia announces that the next award of the Alvarenga prize, being the income for one year of the bequest of the late Señor Alvarenga, and amounting to about \$180, will be made on July 14, 1899, provided that an essay deemed by the committee of award to be worthy of the prize shall have been offered. Essays intended for competition may be upon any subject in medicine, but cannot have been published, and must be received by the secretary of the college on or before May 1, 1899. Each essay must be sent without signature, but must be plainly marked with a motto and be accompanied by a sealed envelope having on its outside the motto of the paper and within the name and address of the author. It is a condition of competition that the successful essay or a copy of it shall remain in possession of the college; other essays will be returned upon application within three months after the award. The Alvarenga prize for 1898 has been awarded to Dr. S. A. Knopf of New York city for his essay entitled "Modern Prophylaxis of Pulmonary Tuberculosis and its Treatment in Special Institutions and at Home."

Washington Notes.

An adjourned meeting of the Medical Association of the District of Columbia was held Tuesday evening to consider the report of the committee on hospital and dispensary regulations.

The standing committee of the National Pure Food and Drug Congress is about to appoint all committees and to notify all organizations to name their delegates and perfect all arrangements for the meeting of the Congress January 18 to 21.

At the Therapeutic Society, Saturday evening, Dr. Arthur J. Hall read a paper upon "Puerperal Eclampsia," and Dr. L. Kolipinski reported a case of typhoid fever in a retired ship captain, aged sixty-eight years, with prompt recovery.

There were 126 deaths during the last week, a death-rate of twenty-three per thousand. There were four fatal cases of typhoid fever and five of diphtheria. There are 148 cases of diphtheria and 119 cases of scarlet fever in isolation.

Wednesday evening at the Society, Dr. Shands presented cases illustrating the value of the *x*-ray in the treatment of fractures of long bones. Dr. Carr reported case of ruptured spleen, removal and recovery, and fibroid uterus, hysterectomy, and recovery. Dr. Glazebrook presented specimens: (1) Destructive cyst of ovary, (2) anomalies in the blood supply and the ureters in both kidneys, (3) tubercular abscess of lung, with formation of an abscess sac.

Last week the Columbian University Hospital was formally opened for public inspection and the dedicatory exercises were witnessed by 1000 visitors. The hospital is complete and modern and a much-needed adjunct to the medical school. The attending staff is made up of the following physicians: Medicine, W. W. Johnson; surgery, J. Ford Thompson; obstetrics and gynecology, A. F. A. King; eye, D. K. Shute; throat and ear, C. W. Richardson; skin, H. C. Yarrow; children, T. E. McArdle; orthopedic surgery, A. R. Shands; nervous system, E. L. Tompkins and Sterling Ruffin; genito-urinary, T. R. Stone; clinical laboratory, E. A. De Schweinitz; pathologist, Walter Reed; resident physician, C. S. White. These men have with them an able corps of assistants.

Book Reviews.

SYSTEM OF DISEASES OF THE EYE. Norris & Oliver. Volume 3. Local Diseases, Glaucoma, Wounds and Injuries, Operations. J. P. Lippincott Co.

To most readers the present will be the volume of greatest interest yet appearing in this System. More than a brief mention of the salient points of some of the articles or of statements to which exception may possibly be taken is inappropriate in such a notice as this. Dr. Geo. C. Harlan, in speaking of the treatment of blepharitis with the yellow oxide of mercury ointment, says that "an accompanying conjunctivitis may require attention." It is, we think, a matter of not uncommon experience to find the mucous inflammation produced by the ointment. There is a general impression among physicians that the "yellow salve" is entirely innocent and non-irritating. On the contrary, unless our observation is exceptional, as we do not believe, its action on the conjunctiva is often irritating. A great deal depends on how well the ointment is made; but even then it is not the panacea in lid troubles it is thought to be. Dr. Harlan thinks that there are sometimes conditions in entropion in which the old "scalping" operation is advisable. Generally this is when the offending lashes emerge "from the posterior angle of the lid margin and grow so directly backward that it seems hopeless to attempt to give them a proper direction."

Dr. Samuel Theobald of Baltimore writes the chapter on diseases of the lacrymal apparatus. Stenosis of the duct is to be treated by complete and repeated dilatation. Dacrocystitis is dependent on stenosis of the duct, and "it follows that its treatment is for the most part the treatment of stricture of the duct." Further, he has "not found it necessary in the treatment of strictures of the lacrymal duct to employ any form of a syringe;" hence, in his description of lacrymal instruments, there is no mention of the syringe. The author's lacrymal probes are described and illustrated. The smallest has a diameter of 0.25 mm., the largest, No. 16, of 4 mm. He further shows from a series of measurements made by himself and others that the average size of the adult lacrymal duct in the cadaver is over 4 mm. He argues in favor of dilatation to the largest probe in his series, even if the force required for the introduction of the increasing calibers is such as to require both hands. This

force, he thinks, does no harm. Many of the objections to his treatment are dealt with. Excellent results are reported, the cure remaining permanent. Dr. Theobald has made his chapter on a part of ophthalmology, usually regarded as tiresome, one of the most striking and interesting parts of the book.

Dr. Swan M. Burnett of Washington writes on diseases of the conjunctiva and sclera. He thinks highly of formaline as a collyrium for the milder forms of conjunctivitis, as well as an effective germicide in the graver forms of purulent inflammation. The general use of cold in purulent ophthalmia, save in the early stages, he condemns, preferring the constant application of heat, after Leartus Conner, on account of its power to produce a "temporary hyperemia, which shall increase the activity of the circulatory and absorbent systems." Great stress is laid upon the prophylaxis of ophthalmia neonatorum. We do not think that this statement on the treatment of the established disease will receive universal endorsement: "In the treatment of the disease the same principles hold as for purulent conjunctivitis of adults. The tender age of the patient is no bar to the most energetic treatment." (Page 193.) Andrews and others have from time to time discussed the ill effects of nitrate of silver in the purulent ophthalmia of infants. In the large majority of cases it is the sheet anchor; of this there is no doubt. But, on the other hand, when weak solutions fail in the gonorrhreal ophthalmia of adults, it is the usual, and, we believe, practically always the correct practice, to increase the strength of the solution to obtain the drug's "more intense anti-germicidal (evidently meaning germicidal) power." (Page 186.) Does this principle in the treatment of the adult form hold in the infantile? Does persistent blenorhea, stubborn swelling of the lids—in a word, no apparent benefit after several days' treatment, mean too little or too much silver nitrate? We agree, from our own experience, with a statement of Andrews made some years ago, that there are cases which get well with almost anything, so you stop the silver. Others need the stronger solutions. What is the distinguishing mark, short of trial of each? We cannot say with the definiteness we would like, but that the "tender age" does make some difference we firmly believe.

There is not a chapter in this admirable book which does not contain valuable information. Baltimore is represented, in addition to Dr.

Theobald, by Dr. Randolph, who contributes the article upon sympathetic ophthalmia.

A MANUAL OF OTOTOLOGY. By Gorham Bacon, M.D., with an Introductory Chapter by Clarence John Blake, M.D. Philadelphia and New York: Lea Bros. & Co.

Dr. Bacon has aimed with marked success to give students and practitioners an essentially clinical manual of ear diseases. As Dr. Blake says in his introduction, the book cannot take the place of larger works. The first chapter is devoted to the anatomy of the ear. It reads very much like Politzer. Many of the cuts, all of which are excellent, are taken from this distinguished writer, and, indeed, it is not hard in this and in other places to trace the author's inspiration. Chapter 2 is given to methods of examination. The diagnostic tube is given considerable importance. The use of the Valsalvan experiment is confined to diagnosis. As a routine *treatment* it is condemned. On page 71 there is given a use of the Politzer bag, which, in our opinion, is of great value. The author says: "In cases of hyperemia of the middle ear, with deafness resulting from inflammatory action, inflation of the middle ear in many cases will produce absorption of the exudation, and will have a favorable effect on the circulation in the tympanic cavity." It is also recommended that Politzerization be used as a means of blowing pus from the middle ear through a perforation. The use of the air bag in acute tympanic inflammation is not admitted in all quarters as good practice. Our own observation confirms the quotation given above. In the use of tuning forks, the author's description seems to us inadequate. It is certainly below the standard of the rest of the work in its thoroughness. For instance, on page 80, when "the patient hears the tuning fork better by air than by bone, it is fair to assume implication of the sound-perceiving apparatus." Is this true as an abstract proposition? Is it enough on which to found a diagnosis? Does not this condition exist in not a small number of cases which show positive evidence of middle-ear disease? Often *repeated* trials will show, after the patient is familiar with the test, results diametrically the opposite of those first obtained. No hint of these clinical difficulties is given. It requires only a little observation in an ear clinic to show how easily a student is misled by these far-reaching generalities. Again, on page 82, Weber's test is supposed to show "whether the bone con-

duction is better on one side or the other." What use is to be made of this information when obtained (granting, which we do not, that this is the object of the test) no hint is given. That the test is most useful in unilateral deafness; that it is reliable, when used alone, only when the fork is heard on the affected side, thus indicating disease of the conducting apparatus; that, if the fork be heard better on the well, or less affected side, the inference of labyrinthine trouble is not justifiable, unless the whole clinical picture points that way—there is not the slightest intimation. Yet all of these things are dwelt upon in Politzer's last edition, and in Dench, and their omission is to be regretted in a book which is so thorough as Dr. Bacon's. A timely warning is given against indiscriminate ossiculectomy for chronic aural catarrh. Unimpaired bone conduction is a *sinc qua non* for success. Even then, the author thinks, that after the ultimate results of the operation are obtained, the last state of the patient is often worse than the first. On the whole, the book is an excellent clinical guide. The fault noted is one out of which a student would gradually work himself by consulting other authors who treat the matter more fully, while his results in the treatment of ear diseases would be bound to be good if he followed implicitly Dr. Bacon's teachings.

MANUAL OF CHEMISTRY. A Guide to Lectures and Laboratory Work for Beginners in Chemistry. A Text-book Specially Adapted for Students of Pharmacy and Medicine. By W. Simon, Ph.D., M.D., Professor of Chemistry and Toxicology, College of Physicians and Surgeons, Baltimore; Professor of Chemistry in the Maryland College of Pharmacy. New (sixth) Edition. In one 8vo volume of 532 pages, with forty-six Engravings and eight Colored Plates, illustrating sixty-four of the most important chemical tests. Price, cloth, \$3 net. Philadelphia and New York: Lea Bros. & Co.

Simon's Chemistry appears again for the sixth time, and it has been revised and improved. The work has been very carefully composed, and is from the pen of a man who is a thorough chemist and teacher. It is a great relief to see that the author has not adopted that modern method of spelling with which too many medical journals disfigure their pages. The work is divided into seven parts, as before. The illustrations are about the same as in the former edition and are beautiful works of art.

REPRINTS, ETC., RECEIVED.

Diabetic Gangrene. By N. S. Davis, Jr., A.M., M.D. Reprint from the *Journal*.

Renal Calculus. By J. H. Musser, M.D. Reprint from the *Philadelphia Medical Journal*.

L'Ichthyol. Sur le Traitement de la Chylurie par l'Ichthyol. By Dr. Moncorvo, fils.

L'Ichthyol. Les Lymphangites de l'Eniance et leurs Conséquences. By Dr. Moncorvo, fils.

The Essential of the Art of Medicine. By J. H. Musser, M.D. Reprint from the *Philadelphia Medical Journal*.

The Association of American Medical Colleges. Proceedings of the Meeting at Denver, 1898.

The Diagnostic Importance of Fever in Late Syphilis. By J. H. Musser, M.D. Reprint from the *University Medical Magazine*.

Insomnia. By I. J. Higgins, A.M., M.D. Reprint from the *Journal of Medicine and Science*.

Catalogue of the Law, Medical and Dental Departments of the National University, Washington, D. C., 1898-1899.

The Etiology and Pathology of Delirium. By C. W. Simmons, M.D. Reprint from the *Medical Times*.

The Myocardium. By J. H. Musser, M.D., and J. D. Steele, M.D. Reprint from the Proceedings of the Pathological Society of Philadelphia.

Report for the year 1897-1898 presented by the Board of Managers of the Observatory of Yale University to the President and Fellows.

A Study of Alcohol, Tobacco, Coffee and Tea. By Charles B. Lockwood, M.D. Reprint from the *New York Medical Journal*.

The Aseptic Animal Suture; Its Place in Surgery. By Henry O. Marcy, A.M., M.D., LL.D. Reprint from the *Journal*.

Acute Hemorrhagic Enccephalitis. By Chas. Lewis Allen, M.D., of Washington, D. C. Reprint from the *Philadelphia Medical Journal*.

University of Maryland; Ninety-Second Annual Announcement of the School of Medicine, 1898-1899.

Medical Department of the College of Physicians and Surgeons of San Francisco. Third Session. 1898-1899.

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Original Articles.

HYSTERICAL AND ORGANIC MONOPLEGIA.

By Charles W. Burr, M.D.,

Clinical Professor of Nervous Diseases in the Medico-Chirurgical College, Philadelphia.

FROM A CLINICAL LECTURE GIVEN AT THE MEDICO-CHIRURGICAL HOSPITAL, NOVEMBER 7, 1898.

WE shall study today several cases of palsy of the arm—brachial monoplegia, as it is called. Monoplegia is not a disease, but a symptom occurring in many affections. Since, however, it is often the most striking symptom we may with propriety use it as the central point around which to group the others in seeking for the seat of the lesion and determining its nature.

The first patient you have already seen, but her case is of sufficient interest to merit further study. She is a schoolgirl, fourteen years old. Her inheritance is unimportant. She was healthy, barring some of the diseases of childhood, until five months ago, when she had a febrile attack of some kind, diagnosed gastric fever, and keeping her in bed four weeks. She has never entirely recovered. When she returned to school she began to twitch upon the right side, and had difficulty in writing. After holding the pen a moment or two her grasp would relax and the pen would drop. Soon the right arm became distinctly weak, and in a few weeks she lost power in it entirely. At the same time it became numb. She also dragged the right leg a little when walking, but this was not very serious.

Now, let us examine her. She is a bright-looking, ruddy-faced, well-nour-

ished, well-developed child. She grimaces constantly, and there are frequent, irregular, non-purposive movements of the right arm and leg. The movements vary greatly in severity and are increased by emotional excitement and voluntary movement. Taking off her coat increases them greatly. She can by an effort of the will stop them for a short time, but they return with temporarily increased violence. There are no involuntary movements upon the left side. There is no muscular rigidity nor local atrophy. She walks well, showing no palsy of the leg, but when I tell her to raise the right arm she says she cannot, and all efforts to do so fail.

You will notice, however, that the choreic movements in it are quite severe, and let me remind you in this connection that palsy concerns only voluntary movement. Tremor, choreic movements and even spasm often occur in palsied parts. There is slight impairment of sensibility to touch and complete analgesia on the entire right side, including the face and tongue. The anesthesia stops abruptly at the middle line. The knee jerks are active, but equal. Her mental state is healthy; her emotional balance good. There are no visual symptoms. The heart and lungs are normal.

On looking at this child one would think first of St. Vitus dance. The movements are choreic, and muscular weakness is common in that disease. There may be either a general loss of strength or a distinct palsy of one or more extremities—a monoplegia, paraplegia or hemiplegia. Such a palsy is flaccid and not accompanied by loss of the deep reflexes, wasting or sensory disturbances. In our patient several symptoms of chorea are

absent and one marked sign of hysteria is present. The physiognomy of St. Vitus dance is characteristic. You have seen it several times. It is as distinctive as the facies of paralysis agitans or typhoid fever. I cannot describe it, for it eludes description. It is a matter of emotional expression, of muscle play, rather than of alteration in anatomical structure. It is a pensive, wistful face. This girl does not show it.

Almost always in chorea there is peevishness and marked emotionalism and sometimes serious mental disturbance. Not infrequently there is a history of rheumatism, and heart disease is present. The anesthesia is surely hysterical. In any case of flaccid palsy of the arm, rapid in onset, with anesthesia not corresponding to the distribution of the nerves, but segmental, without muscular wasting or trophic change in the skin or nails, and unaccompanied by pain and tenderness of the nerve trunks, you may with safety diagnose hysteria. The choreic movements do not invalidate the diagnose, since such are quite common in hysteria.

The second patient I cannot show you, and we will be compelled to study his case from the notes. He came to the hospital on October 1, 1898, with the statement that he was twenty-eight years old, unmarried and a continuous whiskey drinker. He was indeed quite proud of his alcoholic capacity. On September 22, while at his work hammering rivets, he suddenly lost power in his left hand. He could not hold anything in the hand, nor extend the wrist, and soon the entire arm became powerless. There was no vertigo, no disturbance of consciousness, no weakness in the leg and no difficulty with speech. He had been drinking more heavily than usual for several weeks previous to the attack, but had not lost any time from work.

Examination.—He is of slender build, quiet and unemotional, remarkably so for a drunkard. The left arm hangs by the side, not entirely flaccid, but with the forearm flexed a little and the fingers somewhat bent. There is a little muscular rigidity. He has no power of movement of the arm or hand, save that he can raise the shoulder some. When,

however, and this is the remarkable symptom of the case, the arm is passively lifted it remains in whatever position it is placed for several minutes and then sinks slowly. It does not matter what the position is nor how constrained it may be nor how painful it would be under ordinary circumstances. His arm behaves precisely like that of a man in catalepsy. There is absolute anesthesia of the arm for touch, pain and temperature extending upward to a definite curved line passing around the shoulder and including the axilla. The position of this line varies from time to time, but the boundary of anesthesia is always clean-cut, and there never is an area of dulled sensation passing by degrees to complete anesthesia.

There is marked dermographia in the palsied arm; that is to say a pin streak becomes elevated, white in the middle and pink on either side. Lines made upon the arm are visible for several hours. The arm is a little swollen, but does not pit on pressure. He shows no other symptoms or signs of disease. Gait and station are good. The knee jerks are normal. The pupils are equal, moderate in size and react well to light and with accommodation. The visual fields are normal. Examination of the thoracic and abdominal viscera is negative.

This case is puzzling, and I am not quite sure how to classify it. At first, when he told me that the difficulty began with inability to hold a rivet, work he had been doing day after day for years, I thought he was suffering from an occupation neurosis, but the examination excluded that diagnosis. That he had hysteria was clear enough, the character of the palsy and the anesthesia proved it; but how to explain the curious fact that though he could not move the arm in the slightest degree by any effort of the will, yet he could hold it, or it could hold itself, unsupported for quite a long time, I do not know. In any ordinary palsy, hysterical or organic, the unsupported extremity falls heavily.

In this case immediately after the passive movement it became slightly rigid, resisted further attempts at movement, and then after a time slowly sunk to the

side with a waxlike motion. I have never seen a similar case, nor do I know of any other except one reported by John K. Mitchell, under the title of local catalepsy. In his case the patient, a girl seventeen years old, began to drop things out of the left hand. Then the fingers became fixed in flexion and she lost power to move them. There was some rigidity, and the fingers would remain for many minutes in any position in which they were placed. There was absolute anesthesia up to the annular ligament. These two cases are identical in essential symptoms, and for the present at least we must regard them as hysterical.

Now, let us compare these cases with others caused by organic disease. I can show you only one patient. The histories of the others are taken from the case books. The woman before you is twenty-seven years old. She has been married four years, but is childless and has never conceived. She has never had any serious illness. On the morning of September 1, while dressing, she was suddenly seized with a violent pain in the region of the heart and difficulty in breathing. She was not unconscious and did not fall, but was able to walk to a chair and sit down. Speech instantly became stammering and the left arm a little weak. The weakness in the arm increased, and by the next day it was powerless and somewhat swollen. Sensibility was preserved. The leg was not affected at all. After a few days improvement began and continued slowly until by the end of the third week she could talk without difficulty and move the arm fairly well. On the evening of October 29, without any premonitory symptoms, she fell senseless to the floor and remained so for about a quarter of an hour. When consciousness returned she could scarcely speak and the left arm was palsied. She does not know whether there was any palsy of the face.

On examination we find a large, muscular, healthy-looking woman. Speech is not aphasic nor paralytic, but stammering. There is incomplete flaccid palsy of the left arm, but none of the leg or face. Sensibility is preserved. There

is no atrophy of the palsied extremity. The knee jerks are normal. There are no visual symptoms. The heart is hypertrophied, and there is aortic and mitral disease. This she knew nothing of and there has never been any failure of compensation. The urine contains neither albumen, sugar nor casts.

This patient is a typical example of cerebral apoplexy. The suddenness of onset, the unconsciousness, the speech defect, all indicate organic vascular trouble. Stammering, it is true, occurs in hysteria, but, as Sinkler says, "it differs from the ordinary forms in that the patient is able to repeat the first syllable of various words, and there is no true inability to pronounce words beginning with certain letters, nor are there facial contortions nor explosive utterances when the word is pronounced."

Granting that there is an organic lesion, there are two possibilities—hemorrhage or embolism. Hemorrhage, of course, occurs only from diseased arteries and their disease is always secondary to some general affection, most often Bright's disease. Now, she has no evidence of any renal trouble. She is far too young to have the rigid arteries of old age, and she has neither the history nor the signs of syphilis. In people of her age embolism is by far the most frequent cause of a sudden palsy such as she has, and her heart disease is of the very kind apt to cause embolism. By exclusion, then, we make that diagnosis.

We pass on to an entirely different story. K. L., a hard-working, professional man, came to see me in February, 1897. He was forty-five years old and single. About seven weeks before, while very tired, the right arm began to ache and burn and tingle. It became purple, livid and in a few hours swelled greatly. He could not raise it, not only on account of pain, but also because of loss of power. Sensibility was somewhat dulled. There was moderate fever, but no chills and but little feeling of illness. A lump formed in the axilla and the superficial veins of the arm were distended. When I saw him all the symptoms had passed away except slight pain in the shoulder.

Examination.—He was pale and thin.

The right arm was a little swollen, a little edematous, and the hand was cold and bluish. The radial pulse was palpable. The veins of the arm were a little, and those over the great pectoral much, dilated, but not cordlike. He could move the arm well and sensibility was normal. Gait and station were good. The deep reflexes were normal. The heart sounds were weak, but there was no increase in the area of cardiac dulness. There were no murmurs. In the line of the axillary vessels there was a small mass about the diameter of a small pencil and about an inch long. The urine contained no albumen, sugar nor casts. This gentleman did not come for treatment so much as to learn whether he had had a stroke of apoplexy, some one having told him that such was the case. Your surgical studies will have enabled you to make a diagnosis. He had a phlebitis and not a palsy at all. The blocking of the circulation, as evidenced by the lividity, the edema, the small mass in the axilla and the burning, aching pain prove it.

There is, however, a small nervous element in these cases. This man said that not only pain, but loss of power prevented movement, and it is entirely possible that this is true. It is very possible that on account of the stasis of the circulation the nerve trunks or their endings in the muscles may be starved and hence unable to carry motor impulses. This surely must be the explanation of the partial anesthesia.

Finally, let me relate to you a case of brachial neuritis disabling the entire arm, and we will have finished. Several years ago Mrs. J. came to see me with the following statement: Several months before she was awakened by an intense pain in the left side of the neck, the shoulder and arm. She soon lost power in the arm, and in a few weeks it began to waste.

Examination.—The left arm is almost completely palsied. She can raise the shoulder a little and flex and extend the forearm a few degrees. There is complete extensor and marked flexor palsy of the wrist, and scarcely any movement in the fingers. The intrinsic muscles of the hand and the muscles of the forearm are greatly wasted, the upper arm and

shoulder muscles are soft and flabby, but not much decreased in bulk. The finger joints are stiff. The finger nails are ridged longitudinally and very brittle. Pressure over the nerve trunks causes severe pain. The biceps tendon jerk cannot be obtained. The triceps jerk is marked. The muscle jerk of the extensors of the fingers is very active. There is no anesthesia; indeed, the arm is hyperesthetic.

The diagnosis is based upon the character of the onset, the pain on pressure over the nerve trunks, the muscular wasting and the trophic changes in the finger nails.

In this series of cases we have examples of almost all types of palsy of the arm. Each is typical; each shows the points of differential diagnosis. To save time I have omitted from the histories all that did not bear directly upon the question before us.

TREATMENT OF PUPERAL ECLAMPSIA.

By Arthur J. Hall, M.D.,
Washington, D. C.

READ BEFORE THE THERAPEUTIC SOCIETY OF THE DISTRICT OF COLUMBIA, NOVEMBER 12, 1898.

ON account of the unsatisfactory results obtained in the small number of cases of puerperal eclampsia that have come under my observation during the last few years, I feel justified in calling your attention to the subject this evening, and this justification seems to me the more emphatic, as the treatment of these cases has, I believe, been that which is now sanctioned by most consultants and is most popular with the people more intimately concerned in the cases.

Puerperal eclampsia is a condition of auto-intoxication arising only during the latter months of pregnancy or the lying-in period through the absorption from the alimentary canal of toxines and the more or less complete failure of the kidneys, and possibly other emunctories, to eliminate toxic products of metabolism.

The primary etiological factor in this disease is the fetus *in utero*. In the minds

of many this assertion may seem to be without foundation; in fact, especially since M. Emile Blanc claims to have demonstrated, in 1889, in the blood and urine of an eclamptic a microbe with intense pathogenic effects, he having produced fatal eclamptic seizure and absorption in a rabbit by the injection of forty-five minims of its culture; but I believe no other theory will so well explain the rapid disappearance of all symptoms immediately or soon after the womb is relieved of its offending burden.

The symptom which most frequently brings the case under observation is frontal headache, which is at times limited to one side. If this has persisted for a short time there will be observed swelling or edema of the eyelids, of the lower extremities, occasionally of the hands and arms, and more rarely of the entire body. Inquiry as to the renal functions will probably reveal a deficient secretion, which may or may not contain albumen in greater or less amount, and will show a decreased elimination of urea. This improper functioning of the kidneys is usually soon followed by the eclamptic seizure, spasm or fit, which (W. W. Potter, Transactions of the American Association of Obstetricians and Gynecologists, 1897) is "probably due to reflexes excited by cerebro-spinal or medullary irritation of toxemic origin." Other symptoms are vertigo, loss of memory, amblyopia and flashes of light before the eyes.

The prognosis depends, first, upon the amount of toxemic poison the patient is exposed to, and, secondly, upon her ability to throw off or dispose of the poisonous dose. Some women are at some times more susceptible to the toxemic influences than others, or than they themselves have been. Those who offer the greatest resistance to the influence are frequently more amenable to treatment and the cases seem to be of milder form. Eclampsia occurs about once in 500 labors (though my personal experience indicates it is much more frequent), and the general mortality is not less than one in four. In the annexed six cases, two women died, four recovering, and of the seven children, four died in utero, one (a twin) survived one week, and the other is still living, thus

showing the prognosis as to mother's recovery is about $66\frac{2}{3}$ per cent. (not very favorable), and that for the child's it is about 29 per cent. (very unfavorable).

As the condition to be treated is one of toxemia, with a tendency to anemia, our first care should be the improvement of nutrition and the promotion of secretion and elimination. These several objects are accomplished in a measure at once by rest in bed, a rigid milk diet and the consumption of large amounts of water, water in this connection having acquired the reputation of being one of the best diuretics. The treatment, of course, will be modified or varied to meet the indications caused by an antepartum, intrapartum or postpartum seizure or fit. As the postpartum eclampsia is usually attended with slight mortality and readily yields to treatment, we will limit our consideration to the other two varieties.

In the antepartum seizure the convulsions should be controlled by inhalation of chloroform during the spasm and the injection per rectum of chloral and potassium bromide, as the eclampsia is seldom conscious enough to swallow. If these measures do not promptly control or diminish the frequency or severity of the convulsions, I think steps should at once be taken to empty the uterus; in fact, in the interest of the fetus, I am strongly disposed to favor induction of premature labor before the spasmotic seizure occurs, particularly as the interests of the mother would, in my opinion, be also promoted by such a proceeding at any time during the last month of pregnancy.

Premature labor may be induced by the introduction into the uterus of a bougie or catheter, or steel sounds or dilators may be used to begin the dilatation of the os, which is completed by Barne's bags or manual dilatation. Recently Dr. Charles Jewett (Transactions of the Pan-American Medical Congress, p. 982), has advocated for this purpose the method introduced by Pelzer, which consists of the intrauterine injection of glycerine. He states labor in most cases begins immediately, and is actively established in two hours. With rigid asepsis these measures are, I believe, safe and conservative procedures. When the os is fully

dilated, forceps should be applied and labor terminated as rapidly as possible under full anesthesia.

The following are cases in which I have been personally interested, some of them occurring in my own practice, and others in that of Dr. Lottis Kolipinski, to whom I am indebted for the clinical notes:

Case 1. Mrs. M., an Italian, aged thirty-two, married three years. First labor began early in the morning. I saw her about 10 A. M. Pains were feeble and recurred about every fifteen minutes. Os slightly patulous. Through an interpreter I was informed she was at the end of a normal pregnancy so far as known, as she had enjoyed good health, performing the work without complaint. Notwithstanding this, I found the temperature 103° F., a rapid pulse, and on investigating the urine it showed the presence of albumen in large amount, the precipitate filling about one-fourth of the test tube. Her friends were astonished when I announced that the patient was in a precarious condition and might not live to terminate the labor. Labor progressed slowly (the woman gradually sinking into a comatose condition), and was completed at end of twenty-four hours, by the use of forceps, the child being dead. The mother died within twenty-four hours, there having been no convulsion.

Case 2. Mrs. F., thirty-five years old; had been married eight years. After stenosis of the cervix had been overcome by dilatation she soon became pregnant for the first time. General health during the early months very good; during the eighth month there developed symptoms of nephritis, as anasarca, scanty urine, occipital pains, amaurosis and retinitis albuminurica. These symptoms vanished under rest in bed and a milk diet. Two weeks later, as the urine again became scanty and contained an increased amount of albumen, the dropsical condition returning, the induction of premature labor was recommended, but declined on religious grounds. Severe uremic convulsions suddenly set in early in the ninth month of pregnancy. Artificial labor was induced, reinforced by a difficult forceps extraction under ether, and

a large-sized macerated fetus was delivered. The mother died at the end of six hours, not having regained consciousness from the beginning of eclampsia. The fetus had been dead for at least two weeks.

Case 3. Mrs. B., forty-two years old, mother of ten children, an apparently healthy and powerful woman, presented herself in the eighth month of her eleventh pregnancy, complaining of partial blindness. The ophthalmoscope and examination of urine disclosed the nephritis of pregnancy. Rest in bed and milk diet relieved all acute symptoms. At the end of three weeks precipitous labor expelled a macerated fetus. The woman made a rapid and complete recovery. Eighteen months later she gave birth to a healthy male child without developing symptoms of eclampsia.

Case 4. Mrs. G., aged about thirty-five; had been married several years. After treatment for anteflexion and stenosis of the os uteri she became pregnant for the first time, and enjoyed very good health until early in the eighth month, when nephritis and its attendant symptoms were noted. She was subjected to rigid diet and rest in bed, under which treatment the symptoms were materially modified, though albumen did not entirely disappear from the urine. Toward the middle of the ninth month labor began and was terminated before a physician could be secured, the child presenting every evidence of having been dead for some time. No clonic spasm occurred. The patient made an uneventful and rapid recovery.

Case 5. Mrs. J., who has always been a strong, healthy and vigorous woman, presented herself in the first week of the ninth month of pregnancy, complaining much of flatulence, vomiting, cardiac palpitation and some shortness of breath. She is forty years old, and the mother of eleven children. Examination showed the urine to be heavily charged with albumen. Four days later, without the slightest warning, she fell from her chair, and I saw her a few minutes afterward, when she was unconscious, and presented well marked symptoms of apoplexy. The comatose condition persisted for several hours, and at the end of four days con-

sciousness, correct perceptions, and speech (which had been aphasic) were re-acquired. The slight paralysis of the left side disappeared. This improvement occurred under rest in bed and milk diet. Induction of premature labor, with the view of saving the child and preventing uremia in the mother, was declined on religious grounds, and a temporizing policy suggested by a consultant. Two weeks later a precipitous labor expelled a macerated fetus, which had been dead probably ten days. The mother made a good recovery.

Case 6. Mrs. W., aged thirty-one; has been married four years; has been barren on account of antiflexion and cervical stenosis. Conception occurred six weeks after these deformities had been corrected by operation. During the eighth month of pregnancy there occurred much nausea and vomiting, neuralgic pain in the head, albuminuria, marked dropsy of the lower extremities, with much abdominal pain, which was paroxysmal and apparently radiated from the right kidney. Rest in bed and milk diet gave relief to all symptoms except abdominal pain. A suggestion of premature labor early in the ninth month was favorably considered and approved in consultation and a day set for the operation. At noon of the day preceding the appointed hour spontaneous labor began, and the patient was delivered with forceps of twins at 6 P. M. One child was in perfect health and the other was smaller and had been poorly nourished, and at end of sixth day died of inanition. The mother nursed the remaining child, and subsequent health of both is very good.

The important features of these several histories are condensed into the following table:

Case, No.	Age.	Primipara.	Multipara.	Eclamptic seizure.	Month of.	Labor.		Recoveries.	Deaths.
						Spontaneous.	Induced.		
1	32	1	1	1	9th	1	1	1	1
2	35	1	1	1	9th	1	1	1	1
3	42	1	1	1	8th	1	1	1	1
4	35	1	1	1	9th	1	1	1	1
5	40	1	1	1	9th	1	1	1	1
6	31	1	1	1	9th	1	1	2*	1
		4	2	2	5	1	4	2	2
									5

*Twins; one died on the sixth day.

General average of ages, thirty-six years; general average of ages of primiparae, thirty-three years; general average of age of multiparae, forty-one years.

Of the six cases reported, four women recovered and two died, a mortality of 33½ per cent.; four occurred in primiparae, of whom two died, a mortality as to primiparae of 50 per cent., three children dying and two surviving, a mortality of from 66 per cent. to 75 per cent.

Two cases occurred in multiparae, both recovering, but losing both children.

Eclamptic seizure occurred in only two cases, in which one woman and both children died.

Of the four cases in which there was no eclamptic seizure, one woman and three children died, three women and two children recovered.

Labor occurred spontaneously in five cases, in which one woman and four children died.

In the only case where labor was induced both mother and child died, but the labor was not induced until the seizure was well established.

Of a possible seven children, five died, a mortality of 71 per cent.

If the twins (one of whom had almost succumbed to the toxemic poison and who died on the sixth day) were counted as one child, the mortality would be 83½ per cent.

On the whole, I regard this as anything but a favorable showing. The mortality of 33½ per cent. as to the prospective mother, and from 71 per cent. to 83½ per cent. as to the child, plainly indicate to me that the expectant, procrastinating, "folded-hands" methods of the present day are not the proper methods. I believe premature labor should be induced where an approaching eclamptic seizure is indicated, if possible, in the last two weeks of the eighth month, and, at any rate, before the spasmodic seizure occurs.

THE TAPEWORM TOXINE.—According to Schauman and Tallquist, in Medicine, the bothriocephalus latus contains a toxine having globulicidal properties.

TYPHOID FEVER IN A MAN OF SIXTY-EIGHT.

By Louis Kolipinski, M.D.,
Washington, D. C.

READ BEFORE THE THERAPEUTIC SOCIETY OF THE DISTRICT OF COLUMBIA, NOVEMBER 12, 1898.

TYPHOID fever is met with at all ages of life. It is found in very young children, but not often, and is rarer still in the aged. These notes are from a case, the most advanced in years of any yet encountered in my personal experience.

B. C., aged sixty-eight years, weight, 140 pounds, a retired ship captain and merchant, began to feel unwell October 10, 1898. A laxative dose, such as he had taken on former occasions, deranged his stomach and produced free diarrheic movements. Fever appeared, with pains in the back and limbs and much headache. These symptoms did not yield to either quinine or salol, and on the 12th of October it was apparent that his case was one of typhoid fever. He was given a rigid milk diet, for which later peptonized milk was substituted on account of the persistent gaseous distension of the intestines.

The frontal headache was severe and unusually prolonged, not ceasing until October 30. The tympanites gradually disappeared, leaving him October 26. Sleeplessness was constant, and it and the headache were combatted with the deodorized tincture of opium. There was no diarrhea, except in the initial stage; no delirium, no nose bleed, no somnolence, as in the typhoid state—in fact, the mind remained perfectly lucid. The tongue had the usual thick white coating.

He was given guaiacol carbonate and eucalyptol in emulsion, which was later replaced by forty grains of guaiacol carbonate daily. To move the bowels he daily received several turpentine water and soap injections, and later sweet oil, by enema, after the method of Kussmaul. This was found very satisfactory, and is probably a very useful method when applied in this disease, as saving both patient and nurse much time and discomfort.

Following is the record of temperature and pulse:

		Temperature, Fah.	Pulse,
		Morn. Noon. Ev'ng.	Morn. Ev'ng.
October 13	...	104	...
October 14	101	102.8	102
October 15	101.8	101	101.8
October 16	101.8	103	103
October 17	103	103.8	104.8
October 18	102.4	101.2	102
October 19	100.4	100.4	101.2
October 20	100.4	101.6	102.2
October 21	102	101.6	101.8
October 22	101	101.2	101.4
October 23	101.4	100.8	100.6
October 24	99.2	99.6	99.8
October 25	99.6	99.2	100
October 26	99.4	100.6	100
October 27	98	98	84
October 28	98	97.6	97.6
October 29	99.4	99.4	100
October 30	99.4	98	100.4
October 31	99.2	98.8	98.8
November 1	100.2	98	98.4
November 2	99.8	98.4	98.6
November 3	98.6	97.4	98.6
November 4	97.4	98	99
November 5	97.4	98	98.8
November 6	98	97.6	98.6
November 7	98	98	97.3

Society Reports.

JOHNS HOPKINS HOSPITAL MEDICAL SOCIETY.

MEETING HELD MONDAY, NOVEMBER 7, 1898.

(ABSTRACT REPORT.)

The meeting was called to order by the president, Dr. J. M. T. Finney.

EXHIBITION OF CASES.

Dr. J. W. Lord exhibited a patient with a cutaneous disease of unusual occurrence, known as keratosis. He stated that the disease sometimes occurs congenitally, but might appear either in early or late life. In the case exhibited the affection began at two years of age, and the palms of the hands and soles of the feet presented the most typical appearances of the disease, a thickening and hardening of the skin, with a slight depression near the center of the patch.

No microscopical examination of this case had been made, but the pathological report of a case published showed that the thickening took place especially in the horny layer of the skin and the glands of the subcutaneous connective tissue.

Dr. Pearce Bailey, New York: Primary Focal Hematomyelia Following Trauma.

Dr. Finney: Two Cases of Pylorectomy.

The first case reported by Dr. Finney was that of a man about fifty years of age, who came to the hospital in July com-

plaining of pain in the stomach, accompanied by a full feeling, daily vomiting, constipation and great loss of weight. In the course of the year his weight had fallen from 126 down to 95 pounds. The patient stated that he had vomited material which he had eaten the day before, or even two days before. His temperature was 99.4°, pulse 52, with a full, firm volume, heart sounds regular. To the right and just above the umbilicus a hard mass could be felt, which moved up and down with respiration. The diagnosis was carcinoma of the pylorus. An operation was performed for its removal, which was accomplished without difficulty, save for considerable hemorrhage, which accompanied the separation of adhesions to the duodenum. A portion of the stomach was removed with the growth, and the stomach being sutured with the mattress suture described by Dr. Halsted, the cavity was closed without drainage. The patient was presented to the society in good condition and had gained thirty pounds in weight since July 15.

The second case was that of a man of fifty-six, who had suffered from pain in the epigastric region for about four months, the pain usually beginning about one-half hour before meals and disappearing immediately after. There had been some nausea and vomiting, with weakness, for the past few months, and he had lost about fifteen pounds in weight. Nothing could be made out on physical examination, except a slight swelling in the upper umbilical region of the abdomen to the right of the median line. The mass which could be felt there was movable whenever the patient moved from side to side. This case was also diagnosed as cancer of the stomach and was operated upon, the same procedure being employed here as in the other case, except that, as the growth extended much more on the lesser curvature of the stomach, it was possible to take out a V-shaped piece and suture the parts more easily. The opening in the stomach was made to match the duodenum, and Dr. Halsted's dilatable rubber bags were used in suturing the duodenum to the stomach.

The first case made an uninterrupted

recovery, and the second case did well surgically, there being no symptoms of peritonitis and no pain, but he developed a typical pneumonia in the right lung, which soon extended to the left, from which he died on the fifth day. At autopsy it was found that there were no adhesions between the abdominal wound and the site of operation, and the peritoneal cavity was perfectly dry, so that the operation might be called a success.

Concerning the operation itself, Dr. Finney referred to the case of Billroth in 1881, the first of the kind that recovered, and stated that since that time between 275 and 300 cases had been operated upon for the removal of the pylorus, and, in some cases, removal of the entire stomach. The mortality was very high at first, but, owing to the almost perfect technique in use today in the hands of the operators who do this operation most frequently, the mortality has dropped to a very low point, being in the hands of some not more than 15 per cent. He considered that even this might be reduced by earlier diagnosis and earlier operation.

DISCUSSION.

Dr. Cushing said that he considered the most striking thing about Dr. Finney's report to be the fact that he had opened the stomach and duodenum, and subsequently closed the abdominal wall, after an operation which required some time and which necessitated soiling the peritoneal cavity. He thought that the reason why it was possible to avoid peritonitis was that the bacteria that inhabit this part of the canal are less in number than further down the canal.

He believed that by giving a sterilized milk diet it was possible to render the upper part of the tract surgically clean, and referred to some experiments conducted upon animals by Dr. Livingood and himself which led to this conclusion.

Dr. Finney in closing the discussion referred to the depressing effect of a long operation upon a patient already in poor condition, and the evil effect of a long-continued anesthetic. He believed that in his second case ether played an important part in the production of the pneumonia.

Medical Progress.

GONORRHEA IN LITTLE GIRLS.—Professor W. Nolen Leiden (University Medical Magazine) is quoted as reporting eight cases of gonorrhreal infection or vulvo-vaginitis that recently came under his care in the children's wards. The infection was traced to the use of unclean sponges. The course of the disease showed fever for one day, with a general unrest and uneasiness; the fever lasted but a day, though in one or two cases a subsequent exanthema was observed. The urethra was involved in some cases, but without interfering with the voiding of urine. The profuseness of the discharge showed that the vaginal mucous membrane was involved. The disease was not harmless. The author had seen no case in which absolute cure occurred. Later examination always discovered leucocytes that contained gonococci in the vagina, especially if a little distilled water was allowed to remain in the vagina for a day. Some cases of chronic rheumatism in children were found to have gonococci in the secretion of the vagina. Articular rheumatism is not rare in these cases. In one case it developed on the third day. In another case a gonorrhreal tendo-vaginitis was observed. In other children small pustules were found that contained gonococci. In one case circumscrip, in another general peritonitis developed. It is probable that the results of such early infection often persist in the woman and become complications in gynecological cases.

* * *

THE PASSING OF THE GERMAN SCIENTIST.—It is astonishing to the American, says the Cleveland Medical Gazette, that German men of world-wide reputation as investigators can throw stones at the American character with their right hands, while putting their left hands behind their backs to receive the unjustified profits from the American patents on their discoveries, and yet maintain a reputation for honor. It is a pleasure to reflect that no American physician of any reputation has ever so debased himself, and further that American medical ethics,

with all its admitted shortcomings, has never yet descended to the German plane. How long in America would Behring be a leader of medicine after he had publicly patented, for the benefit of his own pocket, the results of the labors of Pasteur, Roux, Fraenkel, Kitasato, Aronson, Tizzoni, Ehrlich and many others? Not very long certainly.

* * *

INTRAUTERINE TYPHOID.—Fordyce (University Medical Magazine) reports a case in which typhoid was demonstrated in a five months' fetus. The mother aborted and died soon after. No autopsy could be obtained, but there was doubt about the diagnosis. Externally and internally nothing abnormal could be seen, by the naked eye, in the fetus or its appendages. There was a small quantity of serous fluid in the abdomen. The intestines seemed quite healthy; the liver and spleen were not enlarged. Tubes inoculated from the kidney, spleen and intestinal contents gave pure cultures of the typhoid bacillus; the blood was sterile. Care was taken to make tests, which showed the absence of the bacillus coli communis. It was impossible to demonstrate bacilli in the tissues by microscopical examination. The Widal test was very successful in this case.

* * *

A RARE CASE OF DISLOCATION OF THE HEART.—P. Usson (International Medical Magazine) reports the case of a woman who was suffering from an abscess of the left lung following an attack of croupous pneumonia. He found the following condition: A localized area of dulness under the left scapula extending forward to the left axillary line, posteriorly almost to the vertebra, inferiorly to the usual lower limit of the lung. There was pulsation over this entire area. The apex beat was palpable in the left posterior axillary line under the ninth rib. Both heart sounds were clearly heard over the apex beats. In the normal position for the heart there was resonance and no heart sounds were audible. The displacement of the organ was verified by the use of the Röntgen rays.

IODOFORM INTOXICATION.—Sasse is quoted by the Buffalo Medical Journal as recommending the following means of demonstrating in time a threatened iodoform intoxication, a condition which is not rare in surgical and gynecological practice. A test is made of the urine to note the quantity of iodine which is eliminated by it. A small pinch of powdered calomel is placed upon a white saucer, and then a few drops of the urine to be examined are dropped upon it; a mixture of the urine and calomel is then made with a glass rod. If the urine contains a notable amount of iodine there is produced a well-marked yellow discoloration, which should indicate that the iodoform is being absorbed in sufficient quantity to produce danger.

* * *

ARSENICAL PARALYSIS.—M. Krever (New York Medical Journal) reported to the Medical Society of St. Petersburg the case of a girl, aged nineteen, who took by mistake a packet of arsenious acid. Acute symptoms of arsenical intoxication lasted three days. There then supervened symptoms of toxic polyneuritis, which in turn disappeared. Fifteen days later the invalid returned to hospital with considerable atrophy of the muscles of the limbs and trunk, motor paralysis, and very pronounced cutaneous and muscular hyperesthesia. The treatment consisted of hypodermic injections of strychnine, massage, hydrotherapy, electricity and iodide of potassium, under which the patient gradually improved, but was not yet well.

* * *

THE PRODUCTION OF ABORTION BY NITRATE OF SILVER.—Perslee (University Medical Magazine) was called upon to bring about miscarriage in four cases of pregnancy complicated by nephritis and uncontrollable vomiting. He did this most successfully by the introduction of a stick of nitrate of silver above the inner os uteri. The stick should project about one-half inch from the holder, so as to disinfect the cervical canal as it is introduced. Pains came on in from two to six hours after the cauterization. In every respect the delivery in the four

cases was as perfect as could be wished for. The operation has the merit of simplicity, promptness, efficiency, and is aseptic.

* * *

PREGNANCY WITH AN UNRUPTURED HYMEN.—Albespy (Montreal Medical Journal) reports the case of a young woman, twenty-three years of age, who assured him she had only had intercourse once with her lover, which had proved very painful and had not permitted of penetration. He found the hymen intact and with a very small orifice capable only of being entered by a sound. Labor began next day, and after the discharge of the amniotic fluid the membrane was incised and a speedy parturition without evil sequelae followed.

* * *

QUID PRO QUO.—Mr. H. C. Smith, in the American Medical Journalist, says a doctor who accepts an apology in payment of a first visit and makes another, when the party is able to pay, lowers the dignity of his calling. He puts a cheap price on his services and in a few years complains of a lack of appreciation from the public. There must be a charge to those able to pay and payment insisted upon, or else medicine and misery will die together.

* * *

TORTICOLLIS.—Torticollis in connection with acute purulent otitis media, relieved quickly by paracentesis and free outlet of pus confined in the drum-cavity, has been observed and reported by R. Haug (American Journal of the Medical Sciences). Gelle reported some years ago a number of cases of torticollis in children as dependent upon acute inflammation of the ear, and advised in all cases of torticollis in children to inspect the ear.

* * *

PULMONARY EMBOLISM IN CHILDBED.—Vogt (British Medical Journal) relates four typical cases with severe symptoms, three ending fatally, as usual. The fourth occurred in a woman who had passed through a normal labor and got up on the tenth day. One main branch seems to have been plugged, but the patient recovered.

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MARYLAND MEDICAL JOURNAL,
 Fidelity Building, Charles and Lexington Streets.
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WASHINGTON OFFICE:
 Washington Loan and Trust Company Building.

BALTIMORE, NOVEMBER 26, 1898.

In a recent short note in the *British Medical Journal* Dr. Norman Kerr, the great temperance advocate, very properly

Alcohol in Medicine. speaks of the dangers of the abuse of alcohol in medicine and of the immense amount of harm done by the proprietary medicines, which, advertised as harmless, often contain as much as 40 per cent. of alcohol and other dangerous ingredients besides. He never orders an alcoholic intoxicant beverage if anything else can be found which will answer the same purpose.

Pharmaceutically, he says, some drugs are more rapid and potent in action in non-alcoholic than in alcoholic action. Glycerine tinctures, watery solutions, tabloids, perles, etc., he finds often as efficacious as the ordinary tinctures. Physicians have undoubtedly and, of course, too often unwittingly, been the cause of creating a thirst for strong drink and undermining a life by prescribing alcoholic medicine. It is, however, extremely difficult to find proper substitutes, and so many of the more powerful drugs can only be preserved in alcohol.

The Baltimore University School of Medicine a few years ago announced that it would cease to use alcohol in treating cases, and the new Maryland Temperance Medical

School claims to follow the non-alcoholic method of treating cases, but neither school has ever published its principles, and the exact plan of treatment is probably not clearly understood in Baltimore at least. The theory would be that if a person ever needs alcohol at any time it is when the strength is below par and when there is illness, and, indeed, the strictest abstainer is heard to say that he never uses alcohol, but usually keeps a little whiskey or brandy in the house in case of illness.

If cases, many of whom regularly take alcoholic drinks before coming into this temperance hospital, are cut off from alcohol in a condition of illness when they are accustomed to it in a condition of apparent health, how far is their treatment affected? And it would be interesting to know what influence this change would have on the statistics of such a hospital. Perhaps such a hospital would instruct the profession as to its method of treatment and as to whether alcohol is absolutely interdicted and no tinctures ever used, or if it is used in moderation.

If such a method of treatment, when carried out with true sincerity and with no other motive than the good of the patient, is worthy of support and encouragement, the profession should know it.

* * *

THE semi-annual meeting of the Faculty at Frederick gave great pleasure to the visiting physicians, and the cordiality of their reception would seem to show that the physicians of Frederick county and city were glad to see their colleagues from outside.

Two sessions were held and a banquet on Wednesday night. The Frederick County Medical Society, which has just been organized, was most anxious to make the visiting physicians guests of that society and entertain them at the banquet, but the invitation was not accepted, although highly appreciated. Instead of this the physicians were treated to a most enjoyable trolley ride to the top of Braddock's Hill, from which point the fertile valley lands of Frederick county could be seen stretched out as a map on all sides.

In addition to its scientific value the meeting at Frederick served to knit together the good feeling and strong fellowship between the physicians of Baltimore and those of the Frederick County Medical Society.

Medical Items.

We are indebted to the Health Department of Baltimore for the following statement of cases and deaths reported for the week ending November 19, 1898:

Diseases.	Cases Reported.	Deaths.
Smallpox.....	..	..
Pneumonia.....	..	21
Phthisis Pulmonalis.....	3	14
Measles.....	4	..
Whooping Cough.....	2	..
Pseudo-Membranous Croup and Diphtheria.	89	21
Mumps.....	1	..
Scarlet Fever.....	9	..
Varioloid.....	..	..
Varicella.....	10	..
Typhoid Fever.....	*14	4

*One Imported.

The *Philadelphia Medical Journal*, which absorbed the *Atlantic Medical Weekly*, has just bought the *Philadelphia Polyclinic*.

The building of the medical department of the University of Tennessee at Nashville was destroyed by fire November 11.

The manufacturers of Behring's diphtheria antitoxine are now making a new serum for the cure of foot and mouth disease, the organism of which has not yet been discovered.

At the opening of the winter session of the Berlin Medical Society, Virchow, its chairman, who had just returned from a successful trip in England, was given an ovation.

Dr. J. F. Winn, in the *Richmond Journal of Practice*, very properly objects to the use of the expression "surgical interference," which he says should be "surgical intervention." Too many instances of faulty expressions and orthography can be found in the writing of physicians.

Dr. Mary M. Murray is the first woman inspector to be appointed in Greater New York. She is a graduate of the Woman's Medical College of New York and was later assistant in the hospital and dispensary connected with that institution. The appointment of a woman medical inspector is a precedent worthy of imitation in other cities.

At a meeting of the University of Maryland Medical Society held last week the following officers were elected for the ensuing year: President, Dr. John S. Fulton; vice-president,

Dr. St. Clair Spruill; secretary, Dr. Jose L. Hirsh; executive committee, Dr. William R. Stokes, Dr. Charles W. Mitchell, Dr. Thaddeus W. Clark.

The second annual meeting of the Maryland Conference of Charities and Correction will be held at the Johns Hopkins University, Baltimore, November 29 and 30. Among the speakers will be Drs. Thomas S. Latimer, Louise Erich, George M. Gould, H. O. Reik, Lillian Welsh, E. M. Schaeffer and others. The morning sessions begin at half-past 10; in the afternoon the session opens at 3 and at night at 8. The public is invited. Dr. George H. Rohé will preside Wednesday night. Subjects of interest to the profession will be discussed.

According to a German anthropologist, Bismarck's brain was probably the heaviest on record. From measurements made on Schäffer's bust he judges that the brain of the Iron Chancellor must have weighed 1867 grammes (over fifty-eight ounces). Cuvier's brain, which is usually cited as the heaviest, weighed 1830 grammes. The *Lancet* says the estimation of the weight of the brain from measurements made on a bust strikes us as being about as scientific as it would be to gauge a man's vital capacity by measuring his waistcoat.

The following books have been recently added to the Frick Library of the Medical and Chirurgical Faculty: Brodie, Sir B. C., Autobiography, 1865; Brown, Molière and His Medical Association, 1897; Browne, Sir Thomas, *Religio Medici*, etc., 1898; Brown, John, *Horae Subsecivae*, three volumes, 1897; Christison, Life of Sir Robert Christison, two volumes, 1885; Gross, Eminent American Physicians and Surgeons, 1861; Hake, *Memoirs of Eighty Years*, 1892; Holmes, Sir Benjamin Collins Brodie (Masters of Medicine), 1898; Hutchinson, *Biographia Medica*, two volumes, 1799; Macilwain, *Memoirs of John Abernethy*, two volumes, 1854; Rabelais, Works, illustrated by G. Doré, 1894; Ryan, *Under the Red Crescent*, 1897; Sharp and others, *Life of James David Forbes*, 1873; Stokes, William Stokes (Master of Medicine), 1898; Thomson, *Life of William Cullen*, two volumes, 1859; Warren, *Life of John Collins Warren*, two volumes, 1860; Williams, *American Medical Biography*, 1845; Willis, *Servetus and Calvin*, 1877; Wilson and Geikie, *Memoir of Edward Forbes*, 1861; Whyte, Sir Thomas Browne, 1898.

Washington Notes.

During the past week there was a marked decrease in the mortality of the District, death rate falling from 23.37 to 18.02 per 1000. There were five fatal cases of typhoid fever, four of diphtheria, one of whooping cough and one of scarlet fever. There are 130 cases of diphtheria and 120 of scarlet fever in isolation.

Dr. Charles M. Hammett, the former health officer and coroner of the District, died at his residence Tuesday morning. Dr. Hammett was born in St. Mary's county, Maryland, sixty-three years ago and graduated from Georgetown Medical College in 1855. He succumbed to Bright's disease.

One thousand and seventy-four physicians were granted licenses to practice medicine in the District of Columbia, having registered at the health office prior to June 3, 1896. Thirty-four applicants were refused licenses, and two are awaiting action. Of the eighty-six applicants since the enacting of the law, eighteen failed to pass the examination, and sixty-eight were licensed, making in all 1142 licensed physicians in the District, or one physician to about every 250 persons.

Dr. A. Doty, health officer of the port of New York, was in the city last week, and says he is positive Archie Miller, who died at Hotel Johnson, did not have yellow fever, but died of pernicious malarial fever. The experts of the Marine Hospital Service and eminent physicians here emphatically insist that Miller died of yellow fever and that Dr. Doty is trying to escape the responsibility of permitting Miller to pass through New York. From the history, symptoms and autopsy it would seem that nothing was wanting to make it a clear case of yellow fever.

Surgeon-General Sternberg, in his report of the medical history of the Spanish war, says "the number of medical officers, 192, allowed by law to the army is inadequate in time of peace," and the assignment of over 650 contract surgeons of no military experience somewhat impaired the efficiency of the department. The want of a sufficient number of trained hospital men necessitated the detail of enlisted men and the employment of nearly 2000 trained female nurses. That "the reduction of the age limit to eighteen years, and the haste with which the volunteer regiments were organized and mustered into service, were responsible for much sickness."

Book Reviews.

ATLAS OF SYPHILIS AND THE VENEREAL DISEASES, including a Brief Treatise on the Pathology and Treatment. By Professor D. Franz Mracek of Vienna. Authorized Translation from the German. Edited by T. Bolton Bangs, M.D., Consulting Surgeon to St. Luke's Hospital and the City Hospital, New York, etc. With seventy-one Colored Plates. Price \$3.50 net. Philadelphia: W. B. Saunders, 925 Walnut street. 1898.

This admirable little volume deserves a wide circulation. The full-page colored plates from original water-colors are remarkably well executed for a work of such popular price. The various manifestations of syphilis are taken up in the order of their development and together present a vivid pictorial description of the disease. The lesions of chancroid, bubo, condyloma, etc., are also well illustrated.

The appended treatise forms a main part of the book and is only fairly well done. The methods of treatment proposed are not such as would find favor in this country. To treat syphilis solely by inunctions, which are discontinued almost as soon as the symptoms disappear and resumed only after their reappearance, seems to us inadequate and irrational as well as dirty and tedious.

Since the author omits the protiodide of mercury in his list of internal remedies, and says in reference to the iodides that the "best way is to give the patient a bottle of potassium iodide and let him prepare it himself," we are not surprised at the failures in the internal treatment of syphilis "in Austria."

REPRINTS, ETC., RECEIVED.

Report of the Kensington Hospital for Women. 1897.

The Conservative Treatment of Fibroid Tumors by Myoectomy. By Charles P. Noble, M.D.

The Conservative Treatment of Pelvic Suppuration of Puerperal Origin. By Charles P. Noble, M.D. Reprint from the *Philadelphia Medical Journal*.

Clinical Observations of a New Antipyretic. By M. A. Shlenker, M.D. Reprint from the *Atlantic Medical Weekly*.

The Value of Surgery in Nervous Diseases. By Henry Waldo Coe, M.D. Reprint from the *Western Medical Review*.

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Original Articles.

MEDICAL JOURNALISM IN MARYLAND.

By *Horace M. Simmons, M.D.*,

Baltimore,

Manager of the MARYLAND MEDICAL JOURNAL.

READ BEFORE THE SEMI-ANNUAL MEETING OF THE
MEDICAL AND CHIRURGICAL FACULTY OF MARY-
LAND AT FREDERICK, NOVEMBER 16, 1898.

MEDICAL journalism in Maryland dates from the first decade of the present century. It was in the month of April, 1808, that the pioneer venture in this new field of enterprise made its appearance. One Dr. Tobias Watkins had the temerity to establish in Baltimore the third medical journal edited and published in the United States. It was called the *Baltimore Medical and Surgical Recorder*. Of its founder, it is said he was a gentleman of fine natural ability and culture. His journal was announced as a quarterly, and the first number contained eighty pages of printed matter, embracing original papers, extracts, selections, miscellany, reviews and correspondence. It was ably edited and was favored with some valuable contributions, which, in the light of present-day knowledge, would be read with pleasure, interest and curiosity.

At this distant day we can scarcely realize what it meant to project such an enterprise amid the obstacles and discouragements which the originator must inevitably encounter. The founder's own words best reveal the true state of affairs, for, at the close of a twelvemonth's experience, the second volume is begun with this dolorous preface: "After hav-

ing struggled through various difficulties, the least of which, could they have been foreseen, would have been sufficient to deter him from the encounter, the editor is rejoiced at being at length enabled to present to his readers the first volume of the *Baltimore Medical and Physical Recorder*. Disappointed in his expectations of receiving that co-operation and patronage so essential to such an undertaking, had he consulted his own interests alone he would long ago have abandoned all thoughts of its establishment. At the close of this first volume the publication would have been relinquished if any other work of a similar nature had been established in this city; but, as the proposed editors of the medical journal have abandoned their design, and as the city of Baltimore is unquestionably well qualified to stamp a sterling value upon such a work, the editor is determined to persevere with redoubled assiduity." The assiduous labors of this zealous worker were not duly recompensed, however, and the creation of his genius soon languished for want of professional support.

At this juncture I wish to acknowledge the courtesy of my friend Dr. Thomas A. Ashby for a copy of the excellent historical sketch prepared by him in 1881, and subsequently published in the Transactions of the Faculty. This paper, prepared with such painstaking care, so thoroughly traverses the ground that I have relied upon it very generally for the historical incidents I may herein present to you.

After the suspension of the *Medical and Physical Recorder*, in 1809, two years elapsed, when the *Baltimore Medical and Philosophical Lyceum* made its appearance under the direction of Dr. Nathaniel

Potter, professor of Theory and Practice in the College of Medicine of Maryland. It was published quarterly at \$2 per annum, but was discontinued after the fourth number.

Following the suspension of the *Lycacum* there was an interval of eleven years, when the *Baltimore Philosophical Journal and Review* appeared under the editorship of Dr. John B. Davidge, professor of Anatomy in the University of Maryland. This project did not get beyond the initial number, although the prospectus seemed a prophecy of good things, for it asseverated that the enterprise was undertaken by the editor and several medical friends, "from whose talents and exertions everything necessary to give character, add utility and ensure permanency to such a work may be confidently expected." The *Journal and Review* contained 200 pages of well-arranged original and selected matter, and was pronounced a superb and able effort.

The *Maryland Medical Recorder* was the next in succession to embark upon a precarious career. It was established in 1829 by Dr. Horatio G. Jameson, a distinguished writer and surgeon and professor of Surgery in the Washington Medical College. In the preface the editor refers to the condition of the profession in Maryland, and cites the fact that the professional standard has been elevated by the Medical and Chirurgical Faculty, which at that time numbered about 600 members, "among whom," he says, "it cannot be denied that there are many men who stand pre-eminent, whether we allude to their experimental or scientific knowledge." After propounding a series of questions, intended as a rebuke to professional inertia, the editor continues: "Does it comport with the liberality and countenance shown by the State for a body of 600 educated men to pass through life, no one leaving any memorial of his existence? It is time the profession were aroused from their lethargy." Referring to the responsibilities of his editorial labors, he says: "In a word, of ourselves we can do nothing. With the hearty co-operation of the profession, we fear not the result."

This publication reached the third vol-

ume, although there was a temporary suspension of six months, occasioned by the editor's visit to Europe, "whither he had gone in pursuit of medical knowledge and on business of a scientific character." But the end was not far distant; for, while the journal takes notice of medical progress during the year, it gives no evidence of increased co-operation upon the part of the profession, and the announcement is made that the journal thereafter will appear semi-annually. In the first number under this new plan the editor announces his appointment as superintendent of city vaccination, and in this relation offers, as an inducement to new subscribers, regenerated vaccine virus as a premium. Only two numbers of the *Recorder* were printed subsequent to this event. The publication was said to have been an honor to the profession at that day and was worthy of liberal support.

In February, 1830, and prior to the suspension of the *Recorder*, a rival periodical appeared in the character of the *Baltimore Monthly Journal*, edited by Dr. Nathan R. Smith, professor of Surgery in the University of Maryland. The subscription price of the monthly was \$3 per year if paid in advance, or \$4 if paid at the end of the year. Dr. Smith contributed most of the matter to this journal, with his usual force, originality and clearness. He was assisted in his editorial duties by an association of physicians and surgeons. This venture did not long survive.

In the year 1833 another association of physicians and surgeons, in co-operation with Dr. E. Geddings, professor of Anatomy and Physiology in the University of Maryland, established the *Baltimore Medical and Surgical Journal and Review*, published semi-annually. In the preface to the first number the editor promulgates this statement: "We have already announced in our prospectus that our object is to establish a journal which shall have nothing of a local character, but designed to subserve the general interests of the medical profession." In the second number of the second volume the following announcement is printed: "In bringing our second volume to a close we terminate the first year of our editorial engage-

ment. Considerations beyond our control oblige us to relinquish the further prosecution of the scheme. It cannot be sustained except at a sacrifice of labor and pecuniary interest greater than we can devote to it, and the experience of the past year has realized the conviction that the time requisite in the discharge of our editorial duties is so considerable as to infringe upon engagements and pursuits which have a stronger claim upon our attention."

The suspension of the *Review*, in 1834, occasioned so much regret on the part of the profession that the editor concluded to resume publication under the monthly form and with the name of the *North American Archives of Medical and Surgical Sciences*. This renewed effort was terminated after one year's experience.

Under the auspices of the Medical and Chirurgical Faculty of Maryland an official organ of the medical department of the United States Army and Navy was started, in 1839, as the *Maryland Medical and Surgical Journal*. It was at first edited by a committee of six, but subsequently was placed under the editorial direction of such able and well-known men as Dr. G. C. M. Roberts and the beloved Dr. Samuel Chew. The journal contained a larger number of original contributions than had appeared in any of its predecessors, and was a marked improvement over all previous attempts. It appeared regularly until March, 1843, when it, too, ceased to exist.

The precariousness of journalism had probably been forcibly impressed upon the professional mind by this time, as Maryland was without a medium for a period of seventeen years, when, in January, 1860, the *Virginia Medical Monthly* changed its name to the *Maryland and Virginia Medical Monthly*, and entered upon a new series. Dr. W. C. Van Bibber of Baltimore became associated with Dr. James B. McCaw of Richmond in its editorial conduct. The office of publication was in Richmond. The troubles growing out of the civil war caused the early suspension of the journal.

In January, 1861, Dr. Edward Warren, professor of *Materia Medica* and *Therapeutics* in the University of Maryland, es-

tablished the *Baltimore Journal of Medicine*. Three numbers appeared from January to May, when Dr. Warren gave up this publication in consequence of the civil war and returned to his home in the South. After the close of the war, Dr. Warren of the *Baltimore Journal of Medicine* came back to Baltimore and established the *Medical Bulletin*, a semi-monthly journal of medicine and surgery. In 1870 this periodical, having reached Volume 11, combined with the *Baltimore Medical Journal*, under the name of the *Baltimore Medical Journal and Bulletin*. The *Baltimore Medical Journal* had been started in the same year by Dr. E. Lloyd Howard and Dr. T. S. Latimer. No. 10 of Volume 11 was the last of the consolidated publications to appear.

The College of Physicians and Surgeons in 1872 began the publication of the *Physician and Surgeon*, which was afterward changed to the *Baltimore Physician and Surgeon*. Volume VI, No. 5, marked the date of its demise.

On May 1, 1877, the first number of the MARYLAND MEDICAL JOURNAL, under the editorial and business direction of Dr. H. E. T. Manning and Dr. T. A. Ashby, appeared. Reference to the files of the JOURNAL shows a marked growth of original work in the city and State and increased activity in the profession during the period covered by the first five volumes of the JOURNAL. A total of 459 printed pages appeared in the third year of publication, of which 400 were furnished by Maryland physicians. In February, 1880, Dr. Manning, in consequence of his removal to another State, severed his connection with the JOURNAL, the sole conduct of which then devolved upon Dr. Ashby, who, in May, 1880, changed the JOURNAL from a monthly to a semi-monthly. At the beginning of the next volume Dr. Eugene F. Cordell became associated in the work, and with Volume X the JOURNAL began as a weekly. At that early day its history had covered a longer period than that of any other medical periodical published in the State. From the beginning it had appeared regularly and bore the impress of business sagacity, editorial vigor and pertinacity of purpose.

Although somewhat of a digression, yet I should like to say, by way of parenthesis, that in conversation not long ago with an official of the American News Co., that gentleman stated that he had never known a periodical to succeed that appeared irregularly in its early issues, or that had consolidated any two numbers in one; on the other hand, that punctuality and regularity were always evidences of stability in journalism.

Since the founding of the present MARYLAND MEDICAL JOURNAL there have appeared and disappeared the *Independent Practitioner*, the *Baltimore Medical and Surgical Record*, and the *Medical Chronicle*. There have also been established, and continue to be published, the Johns Hopkins periodicals, the bulletins of the University of Maryland, of the Baltimore Medical College, of the Woman's Medical College, the *Alumni Journal of the College of Physicians and Surgeons*, and the *Journal of Eye, Ear and Throat Diseases*, all of which are conducted mainly in the interests of the institutions they represent.

Time will not admit of further narration concerning the history of the MARYLAND MEDICAL JOURNAL to the present date, as these circumstances are known to most of you. Suffice it to say that the property was purchased in 1894 from Mr. William R. Ashby by the present owners, who constitute an incorporated company, which embraces in its list of stockholders several enterprising physicians of this State and a number of representative business men of Baltimore and Washington.

In taking a retrospect of the ninety years covering the history of medical journalism in this State, the intelligent observer is amazed at the futility of all past efforts to establish a stable journalism in Maryland. What are the procuring causes of this excessive mortality? If one were inclined to fatalism, he would look askance at that "unlucky No. 13," for that was the record from 1808 to the establishment of those journals now extant. Whatever influences may have been justly attributed to incompetent business management or other circumstances attendant upon these respective enterprises.

there remains, nevertheless, the reproachful reflection "that of the journals here referred to, not one bears evidence of the hearty support of the profession in Maryland." From this wreck and ruin of laudable purpose there comes echoing across these nine decades a plaint of dull uniformity—unmistakable and prophetically significant. In 1822 one of the eminent medical men previously quoted penned these censorious lines: "That Baltimore, among the most prosperous in commerce and respectable in intellectual distinction of the cities of America, should be without a periodical work either in general literature or particular science, excites astonishment. Our physicians, many of whom are distinguished for genius and acquirement, pass their lives in silence, and their copious research and extensive experience lie buried and lost, or, at best, are made known to the world through distant channels. Thus Baltimore stands obscured, while other cities, though erroneously, are regarded as the sources and fountains of science, when, in fact, they are often the mere conduits through which the streams of our learning flow. Merit is neglected because it does not appear, and modesty pines while assurance is applauded." In 1881 the foregoing characterization was re-enforced by another medical observer from a point of view far distant from the former in time. He said: "These words apply with striking force and appropriate significance at this day, over half a century removed. They are pregnant with truth, and are the candid utterances of a mind which thus early discerned the deficiencies of Baltimore as a center of vigorous enterprise and intellectual goaheaditiveness."

As the daily papers and class publications of a city or section reflect the intelligence, the business activity and commercial enterprise of the community from which they emanate, so are medical journals exponential in that they mirror the medical status of the locality in which they are published. They are, in fact, a sort of *index medicus*. If the spirit of animation pervade the professional mind, the evidences will be manifest through an enlivened literature. The reading pages

of such a periodical will indicate a strong subscription patronage, while the well-displayed advertising columns show what estimate the manufacturers place upon the constituency of the journal and the territory it covers, from a commercial point of view.

Whether medical journals spring into existence through that fundamental principle known in trade as the law of supply and demand, or whether, as in many instances, they are the outcome of misguided judgment, or of personal vanity, they nevertheless are subject to those inexorable laws which govern the business world, and which, with inflexible destiny, bring about success or defeat.

The question has been asked, "Does medical journalism advance *pari passu* with medical progress?" We answer yes. As intimated above, the medical journal is the real exponent of its environment, and is influenced and modified in its growth and development by surrounding conditions. It is but the crystallization of thought and aspiration; the embodiment and revealer of purpose and aim; a luminant condensing light to scatter; a means of professional intercommunication for the dissemination of medical facts and theories; a channel to convey the products of prior conceptions.

According to the rules of differentiation, medical journals may be classified as local and national, or general. Some are maintained as "house organs," to adroitly advertise the products of the proprietor, or issued by publishers to announce their works; others are owned and edited by physicians supplementary to their practice, while not a few are conducted in favor of schools and other institutions. A limited number are independent in their management.

The publisher of a medical journal has a dual relationship to conserve, as represented by reader and advertiser, and between these there should be no incongruity. Their interests are so manifestly mutual and responsive that the healthy condition of the one promotes the welfare of the other. A generous advertising patronage is a powerful incentive to the publisher, enabling him to place at the disposal of the reader foremost facilities

at a price commensurate with the cost of production, which otherwise would be altogether impracticable. It is true that the advertising columns of medical journals are sometimes marred by irrelevant matter, but there are compensating and self-adjusting influences which bring about favorable reaction, and through the process of expurgation the unworthy is cast aside.

The value of the medical journal, as viewed from the standpoint of the individual physician, depends foremost upon the relationship which that particular journal sustains to the practitioner's own field of activity. While every progressive physician is constantly expanding the horizon of his acquirements through access to journals both local and general, yet it is the royal prerogative and bounden duty of every loyal Aesculapius to co-operate primarily with his home medical publication, for it is to this source that he must look most expectantly for the advancement of his monetary as well as scientific interests.

On this very point we have the testimony of several leading physicians of the city and State, who today are enjoying lucrative practice, to the effect that their work has been largely augmented and scientifically advanced through co-operation and identification with their local journal. In contrast with this spirit of grateful recognition, there are signs of disparagement to overcome. For instance, a subscriber recently came into the office with the request that his journal be discontinued, on the ground that he could get another from a distant State at the same price that contained more reading matter. Here was a lack of discrimination which indicated the absence both of loyalty to home interests and of judgment to employ facilities for the promotion of personal and professional welfare.

When its comprehensiveness is taken into consideration, the indispensable characteristics of the local journal are most strongly emphasized. In this connection we cannot do better than to quote from a recent article in the *American Medical Journalist*, by Dr. E. R. Axtell, as showing the wonderful possibilities of the local medium. "Personally," says the

writer, "I have strong opinions on the functions of the local medical journal. I regard its primary function to be a record-keeper of the local medical history of its section; to publish the minutes or a report of the minutes of the local medical society or societies; all resolutions of local medical bodies; death notices of medical men or contributors to hospital or local medical libraries; news items; addresses delivered before medical and semi-medical bodies; all the papers dealing with original work in its section. It should be the medium of the local physician to say what he thinks about the county society, about the board of censors of any particular society, about matters of hygiene, sanitation, public health service, or quarantine, which affect his section of the country. It should contain notes of all good work by local men; carefully prepared reviews of books written by local medical men. It should have editorials on local matters; all the necessary news items on which to build a medical history of the section. Such items would include historical sketches of societies, not only medical, but allied sciences. It should be the medium whereby any enterprise of the medical men in the way of entertainments or official gatherings should be brought to the attention of the entire local medical profession. It should support the various health boards and commissioners of education in all things leading to the further advancement of their work. It should protest against needless and harmful legislation by foolish legislators. It should have a column or a page devoted to medical progress. All instruments and apparatus invented or improved by local medical men should have a place in the local medical journal, and, as the occasion demands, half-tones of the prominent medical men. I remember the time when a half-tone in a medical journal was the only likeness that could be obtained of a prominent local practitioner. It should seek to lead the local profession to a high standard of fellowship, and should be progressive enough to condemn local matters that need righting. To say what a local medical journal should not do is, in my judgment, a harder task than to say what it should do.

A local medical journal ought to be a local journal. It can hardly be both a local and a national publication. It cannot possibly be a leader in all lines, and if it does its local work, it has enough to do."

Gentlemen, this practically is the function and aim of the MARYLAND MEDICAL JOURNAL. It is for you to determine whether its ideal is capable of attainment. Quoting again the words of that eminent member who long ago preceded us: "Of ourselves we can do nothing. With the hearty co-operation of the profession, we fear nothing." The JOURNAL is really and truly the asset of the profession of this State. Enhance it as you may. As it grows in efficiency and stability it cannot but reflect dignity and honor in its mission as enlightener, and contribute to the individual welfare of all who are susceptible to its elevating, enriching and benign influences.

A REVIEW OF THE OPERATIVE PROCEDURES FOR THE REDUCTION OF CHRONIC INVERSION OF THE UTERUS.

By B. Bernard Browne, M.D.,

Professor of Gynecology, Woman's Medical College.

ABSTRACT OF REMARKS MADE AT THE SEMI-ANNUAL MEETING OF THE MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND, HELD AT FREDERICK, NOVEMBER 16-17, 1898.

HE spoke of the frequency of inversion in ancient times as evidenced by the careful description of it by Hippocrates and the method adopted by him of inverting the patient in its reduction.

Although spontaneous reinversion had been known to occur in some few instances, amputation of the organ was the operation most frequently resorted to before 1847. In this year, however, Valentine de Vitry, by putting the patient under the influence of ether, succeeded in reducing an inversion of sixteen months' duration, and from that time up to the present a very large number of cases have been cured and numerous operations and procedures have been devised

and brought to the attention of the profession, viz.:

1. Central taxis, where the force is applied to the center of the uterus.

2. Peripheral taxis, where the palm of the hand grasps the fundus of the uterus, and after some compression an attempt is made to return it by making the part which comes out first the last to return.

3. Taxis on the sides of the uterus and attempting to return one horn of the uterus and then indenting and returning the other. This procedure, although commonly known as Noeggerath's plan and performed by him in 1858 and 1862, was antedated by Deleurye, who was successful in reducing a case by this method in 1787.

4. Prolonged taxis by relays of assistants.

5. White's method of a plug attached to a spiral spring.

6. Rectal counter-pressure, as in the methods of Courty, Chauval and Dawson.

7. Tate's (of Cincinnati) method: One index finger inserted into the rectum and one into the bladder and both passed into the inverted cone; then counter-pressure with both thumbs against the fundus in the vagina.

8. Emmet's method of partial reinversion, then maintaining the reduction gained by passing a silver suture through the cervix, the operation to be again continued in a few days.

9. Thomas' method of making an abdominal section, then passing a dilator into the constricted cervix from above.

10. The colpeurynter inflated with air, as the Gariel, or filled with water, as the Wetterlein method.

11. The stem and cup, as in the Barnes or Aveling method.

12. Byrnes' method: The uterus pressed up with a cap and stem in the vagina and a plug pressed down through the abdominal walls into the inverted cone.

13. Watts' method of constricting the inverted fundus with a rubber band, thus reducing its size.

14. Barsong's method of packing pads of iodoform gauze tightly around the fundus while it was held firmly in one

position and the water colpeurynter inserted.

15. Knock's method: A globe-funnel tampon of rubber exerts pressure upon the inverted organ both by lateral and axial pressure simultaneously.

16. Küster's method: An opening is made into Douglas' cul-de-sac, one finger is inserted through the opening into the inversion-funnel, incising the posterior wall of the uterus from the mucous surface longitudinally, as near as possible in the median line, then passing the index finger into the inverted cone and pushing up the fundus with the thumb of the same hand, then suturing the wound in the uterus on the peritoneal surface with deep and superficial sutures, and finally suturing Douglas' cul-de-sac.

17. Browne's method: The inverted fundus is pulled entirely outside the vulva with strong, flat forceps, the openings of both Fallopian tubes are brought plainly into view, an incision one inch and a half in length is made through the posterior portion of the uterus (avoiding the Fallopian tubes and larger vessels at the sides of the uterus); through this incision Sims' large dilator is passed up into the cervix and expanded to the fullest extent; the rigid tissues of the cervix are then relaxed; Hank's hard-rubber dilator Nos. 2 and 3 (three-quarter and one inch in diameter) are then passed through the cervix; the incision in the uterus is then sewed up, and with slight manipulation the fundus is easily replaced through the passable constriction.

Dr. Browne related a case of chronic inversion of six years' duration, in which he succeeded by this method in completely restoring the uterus in the short period of thirty minutes after unsuccessful attempts with many of the previously-enumerated procedures.

He concluded by stating:

1. This latter operation is not proposed to supersede ordinary taxis in the reduction of chronic inversion of the uterus.

2. It is not more dangerous, but much more certain, than prolonged or rapid taxis.

3. We avoid the danger of bruising the tissues and rupturing the vagina.

4. As an operation for inversion it is less dangerous than laparotomy.
5. Unless there be adhesions (which rarely exist) we can always feel certain of reducing the inversion at one operation.

SALINE TRANSFUSION IN PUERPERAL ECLAMPSIA.

By L. E. Neale, M.D.,

Professor of Obstetrics, University of Maryland.

ABSTRACT OF REMARKS MADE AT THE SEMI-ANNUAL
MEETING OF THE MEDICAL AND CHIRURGICAL
FACULTY OF MARYLAND, HELD AT FREDERICK,
NOVEMBER 16-17, 1898.

SINCE the work of Schmore in 1893 our knowledge of the pathology of eclampsia has been decidedly augmented, the practical outcome resulting in the adoption of a more rational therapeutics and a more positive surgical treatment.

The view regarding the peculiar toxæmia of pregnancy as an important etiological factor in eclampsia, whether the production of the toxine can be accurately traced to the placenta or not, is the theory which is now supplanting all others, as thus far it rests upon more demonstrable pathological evidence, best explains the symptomatology of the disease and seems to rationally indicate the most reliable methods of treatment.

According to Edgar, in the pre-eclamptic or mild stage the well-known vascular, digestive, renal and nervous disturbances indicate the following prophylactic treatment:

"1. Reduce the amount of nitrogenous food to a minimum. (Milk diet.)

"2. Limit the production and absorption of toxic materials in the intestines and tissues of the body, and assist in their elimination by improving the action of the bowels, kidneys, liver, skin, lungs.

"3. If necessary, remove the source of fetal metabolism and of peripheral irritation in the uterus by emptying that organ.

"4. Treat special symptoms as they arise."

According to the same author the graver symptoms showing a more pronounced effect of the poison upon the

central nervous system and indicating an impending attack, such as "restlessness, twitchings, jactitations, insomnia, visual disturbances, severe frontal headache, nausea, vomiting," etc., suggest the following curative treatment:

1. To sedate the nerve centers and thereby control the convulsions.
2. To empty the uterus and remove the existing causes of the attack.
3. To aid the elimination of toxines by stimulating the emunctory organs.

Without describing in this connection the more generally adopted and well-known therapeutic measures of eliminating toxines by diuretic, diaphoretic and saline purgative treatment, it is especially important to remember that in saline transfusion, either with or without blood-letting as indicated, we have a very simple, easy and most efficient resource in the management of puerperal eclampsia. With regard to bleeding: As it can be demonstrated that the poison producing eclampsia circulates in the blood, it is evident that by the removal of a certain amount of blood we also remove a certain amount of the poison.

Venesection at any time, or bleeding from the placental site during the third stage of labor, both afford very simple methods of accomplishing this end.

Just here it is important to note that as the vaso-motor centers may be decidedly influenced by the presence of the poison, it is wrong to wait for the classical indications for blood-letting in this disease, for, as a matter of fact, a slow, weak or even irregular pulse of low tension in a non-plethoric patient often improves in a most surprising manner during the abstraction of the poisoned blood.

But it is by means of saline transfusion, either with or without blood-letting as indicated, that the most markedly beneficial results are often obtained. It directly raises arterial tension and acts as a most certain cardiac stimulant; it stimulates the emunctory organs, especially the kidneys; it dilutes and dissipates the poison, thereby favoring its elimination and relieving the oppressed nerve centers. Indeed, its general salutary influence can be easily observed both upon the mother and unborn fetus.

It is a simple, easy of administration and practically harmless measure, that may be employed either as prophylactic or partly curative at any stage of the disease, either before, during or after the attack, at any period of pregnancy, parturition or puerperium, whether the patient be conscious or comatose.

Transfusion into the loose cellular tissue under the mammary glands (Kelly and Clark) is the preferable method. A special apparatus is useful, but not necessary; a vessel to hold the water (pitcher or bucket), a gum tube about six feet long to syphon it, and a medium-sized aspirating needle will answer every purpose.

The ordinary sterile, normal salt solution (six grams to the liter) is employed, and antiseptic precautions should, of course, be observed. As a rule, each breast will hold a liter if injected (by gravity) slowly, but the amount should be regulated to suit the individual case.

Out of several, only three cases are cited in illustration.

Case I.—L. M., colored; multipara; twenty-three years; eight months pregnant. Admitted to hospital in coma after having had several convulsions during seventeen hours outside. Patient very edematous. Treatment: Chloroform; cervix slightly incised and dilated; internal podalic version and extraction performed; child asphyxiated; still-born. Post-partum hemorrhage, chiefly from cervix. Uterus tamponed. Immediate transfusion of 1000 c.c. normal salt solution, and 1400 c.c. more given nine hours after delivery. Transfusions also on second and third puerperal days, patient taking in all 5200 c.c. There was marked improvement in pulse after each injection; respiration was decidedly less embarrassed; coma soon disappeared and mental condition rapidly cleared on second and third day. Albuminuria disappeared in five days, and amount of urine voided in twenty-four hours increased from eighteen ounces on admission to 130 six days afterwards. By the third day urea had increased to 32.95 grammes in twenty-four hours. There were no convulsions after delivery. During the treatment patient also received

croton oil, magnesia sulphate, diuretics, and was kept on exclusive milk diet. The highest temperature was 100° F. Discharged well on twenty-first day.

Case II.—A. B., colored; primipara; eighteen years; eight months pregnant. Admitted to hospital in coma after having had four convulsions outside. Patient very edematous. Treatment: Chloroform; cervix slightly incised and dilated; internal podalic version and extraction performed; child asphyxiated, but revived and is still living. Post-partum hemorrhage, chiefly from cervix. Uterus tamponed. Half hour after delivery transfusion of 600 c.c. normal salt solution, and 1200 c.c. more given six hours after delivery. Transfusions also on second and third puerperal days, patient taking in all 4600 c.c. Similar improvement in pulse, respiration and mental condition as in Case I. Albuminuria disappeared in four days, and amount of urine voided in twenty-four hours increased from fourteen ounces on admission to 126 four days afterwards. Urea eliminated in twenty-four hours increased from 5.47 grammes on first day to 47.09 grammes on fourth day. On same day that albuminuria disappeared (fourth) granular casts were found in the urine. Same general treatment and diet as in Case I. Highest temperature was 101° F. Patient out of danger by fourth day, but still in the hospital.

Case III.—J. S., colored; primipara; eighteen years; eight months and one week pregnant. Admitted to hospital in coma after having had six convulsions in four hours outside; after admission patient had two more convulsions within a half hour, before delivery. There was marked general edema and pulmonary edema; respiration bad; temperature 97° F. Treatment: Chloroform; cervix dilated manually; high forceps applied and child delivered alive, but had many convulsions and died within ten hours, although it was permitted to bleed from the umbilicus and was given several saline transfusions. As there was no uterine hemorrhage in this case the woman was bled twice from the arm, twenty-six and one-half ounces of blood being removed. Fifteen minutes after delivery

transfusion of 1100 c.c. normal salt solution. Pulse at time of transfusion was 130, weak; pulse fifteen minutes after transfusion was 104, better; pulse thirty minutes after transfusion was 93, strong. Patient had two more convulsions after delivery. A second transfusion was given two hours p. p. of 700 c.c., making in all 1800 c.c. Same general treatment as in Cases I and II. Similar improvement as in other cases. Highest temperature 101° F. Patient doing well, but still in hospital.

Society Reports.

MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND.

SEMI-ANNUAL MEETING HELD AT FREDERICK,
NOVEMBER 16 AND 17, 1898.

A BODY of members of the State Faculty from Baltimore and other points met at Frederick Wednesday morning, November 17, where they were greeted by the profession of Frederick and escorted to the City Hotel. From here a beautiful trolley ride was taken far out into the country to the top of Braddock's Hill. On returning, dinner was taken, and immediately after that Dr. S. C. Chew, the president, called the meeting to order, and Dr. J. Williams Lord was secretary.

Dr. William H. Baltzell, president of the Frederick County Medical Society, then welcomed the visiting members in fitting words. He said it was not only pleasant to make the personal acquaintance of so many of his colleagues from Baltimore and other parts of Maryland, but it was a privilege to listen to the intelligent discussions of medical topics. He regretted very much that the visit was so brief that the local society would be debarred from extending any social attentions. He spoke of the formation of the Frederick County Medical Society, which has just been organized, and of its good effects on the profession of that county, and thought that the meeting of the Faculty just at this time was a good augury for the future usefulness and success of that county society.

Dr. S. C. Chew, in reply, extended the heartiest thanks of the visiting members for the cordial reception given. He

spoke of the high standing of the medical profession of Frederick county, and spoke of the prosperity of the medical profession in Western Maryland, of the rich and fertile fields stretched about Frederick and of the general prosperous condition of the whole community.

Dr. John C. Hemmeter then read a paper "Concerning the Diagnosis of Cancer of the Stomach," in which he said that the mortality from cancer was increasing out of all proportion to the increase of population, and then gave a number of figures to prove this point. The mortality from this disease is four and one-half times greater than it was not a great many years ago. The improved methods of diagnosis did not altogether account for this increase, because while cases which were not suspected to be cancer were found to be that trouble, many other cases which were thought to be cancer were by our more modern methods of diagnosis found to be some other disease, and hence improved methods do not account for the increased mortality. No attempt is made to prevent it, as is done in tuberculosis. It should be investigated. The statistics show that almost one-half of the cases occur in the stomach. The surgeon really does the work. The physician can do nothing. The diagnosis should be made early. There are two important factors which are usually neglected. The first is the factor of age. About three-fourths of the cases occur after fifty. The symptoms are usually local at first. This age limit should not be considered too closely. From 2 to 4 per cent. occur in the first three decades. People younger are getting it. In this trouble there are large quantities of blood lost. In 20 per cent. of the cases there is constipation and in 5 per cent. there is diarrhea. There is usually emaciation and cachexia. There is, too, a decided change in the gastric functions. The hydrochloric acid in developing cancer becomes less and less and finally disappears. The test should be repeated to prove this. The mucous membrane of the stomach does not secrete hydrochloric acid all over. The middle portion does. The location of the cancer differs in the stomach. Often it is at the

pyloric orifices, and in a few cases the hydrochloric acid may continue until the end of life. It is often absent, too, in catarrhal jaundice. Lactic acid was present in ninety-six cases. In three it was present before the diagnosis could be made by other symptoms. He did not think we could make an early diagnosis by it. Uffelmann's test for lactic acid was a good one and easily carried out by anyone.

Dr. William Osler said that this communication of Dr. Hemmeter's was a very important one. In the nine years of the Johns Hopkins Hospital there had been 150 cases of cancer of the stomach, which was a large proportion of the number of cases treated there. Most of them died. Most of these cases came from outside of the State. Cancer of the stomach has increased in frequency, and we recognize it more readily. The age may have something to do with the diagnosis, but he had noticed also that it was occurring in younger persons. Several had occurred under thirty years of age, and two cases were twenty-one and twenty-two. A large number of cases was made out by palpation, which Dr. Hemmeter had not mentioned. Palpation is very important. One hundred and fifteen of these cases showed a definite tumor by palpation. Cases of chronic gastritis and progressive anemia are very puzzling and are often taken for gastric cancer.

Dr. Hemmeter said that he had not forgotten the method of palpation, but that by this method we recognize the trouble too late for operation. We may examine bits of tissue brought up by the stomach tube or in the vomitus, or an experimental laparotomy is justifiable.

Dr. B. B. Browne then read a paper on "A Review of the Operative Procedures for the Reduction of Chronic Inversion of the Uterus" (see page 106).

Dr. L. E. Neale said that he has had no experience with chronic inversion of the uterus. As to the cause of acute inversion he might have something to say. He called attention to the fact that acute inversion of the uterus may be caused by improper management of the third stage of labor. The placenta should be expressed only when the uterus is con-

tracted, and then the entire fundus should be grasped in the hand; the organ should not be punched in one spot, especially when in a state of more or less relaxation, neither should it be ceaselessly irritated by the external hand, and, above all, traction on the cord should never be made until the placenta is known to lie loose in the vagina. Uterine contraction and retraction are necessary for the severance of the placental attachments, and no amount of pressure will force the organ out until these conditions have occurred. Needless manipulations may cause irregular contractions or produce atony of the uterus, both of which dispose the organ to inversion.

Dr. Browne said, in conclusion, that the inversion often began by a paralysis of a part of the uterus. Inversion, also, may take place after the woman gets up, and it may happen a long time afterward, and then it may be mistaken for a fibroid tumor.

Dr. L. E. Neale then made some remarks on Saline Transfusion in Puerperal Eclampsia (see page 108).

Dr. B. B. Browne related a similar case.

Dr. Stewart Paton then read a paper on "The More Recent Advances in the Study of the Nerve Cell," in which he briefly spoke of the anatomy of the nerve cell and how our ideas as to its formation had changed in the last year, and showed some beautiful drawings of nerve cells to illustrate his points.

Dr. John H. Jamar then made a report of "Several Interesting Cases in Surgery," the first of which was eight cases of fistula and treated without surgical means, except in the incomplete cases, when ischial abscesses were formed when presented. They were opened and then treated as the chronic complete cases were. His mode of treating them was to give a laxative the evening before taking the cases in hand. The next morning he flushed the bowel out well with tepid water, then washed out the fistulous tract up to the depth of the same with bicarbonate solution, 1 to 500. Then, either with or without ether, just as it proved to be a nervous, sensitive patient, intolerant of pain, he introduced a probe or grooved director up to the rectal open-

ing and scratched and irritated the walls of the tract in every direction in case it was tortuous or had side channels, until he thought the surfaces were freshened sufficiently to light up adhesive inflammatory action. He then began the use of suppositories of opium, one grain; bellad., one-half grain, which were kept up every night and morning, if required, to keep the bowels locked up for a week, in the meantime nourishing patient exclusively upon liquid diet, such as milk and soups. At the end of that time, if not entirely well, he again washed out the bowel and continued the use of the suppositories until a cure was established. Three of these cases were colored; five of them white—all male. (He wanted to inquire if any of the members had treated a case of this kind in female. He had not, and thinks them rare.)

The reasons which commend this mode of treatment are:

1. There is less pain and suffering compared with laying open the parts with a bistoury and director and subsequent granulatative stage.

2. Cure is more rapid, and in some cases need not confine the patient to bed.

3. Cardinal reason for trying this before the heroic plan, it spares the sphincter muscle and does away with possible leakage and loss of control of the lower bowel.

4. Patients will submit to this treatment who, from holy dread of the knife, would prefer "to bear the ills they have than fly to those they know not of."

He was desirous to have the members adopt this mode of treatment and report results in the future, also to inquire what number of female cases had come under their care and mode of treatment. He had never seen one.

Dr. William Osler then made some remarks on the "Diagnosis of Gall Stones," in which he referred to four points of interest in connection with this subject:

1. Cases of acute infectious cholecystitis, the symptoms of which were sometimes very like those of gall-stones.

2. To the cases of recurring attacks of colic over a long period of years, without jaundice; in women such cases are often mistaken for gastralgia.

3. To the cases in which the attack of gall-stones had been confounded with appendicitis and operation for that condition performed.

4. To cases in which the diagnosis of kidney colic had been made.

Cases illustrating the errors in diagnosis were narrated.

Dr. Horace M. Simmons then read a paper entitled "Medical Journalism in Maryland" (see page 101).

Dr. B. Bernard Browne: In looking over the histories of the thirteen medical journals which had been published in Baltimore he was struck with the fact that many of them, though ably conducted, only served as mediums for the publication of medical papers; none of them had shown any evidence of being leaders of medical opinion. They should not be mere followers. This accounts for the short period of existence of many of them.

A medical journal must necessarily be a reformer, must keep in advance of medical opinion, and must not be disappointed if its suggestions are sometimes not acceptable to the profession, as interested parties will always be ready to form cliques to prejudice the minds of those who have not given the matter due consideration.

A medical journal should be supported by the local medical profession, as it is more useful to them in many ways than a journal from outside the State. Members of the profession in Boston, New York and other cities frequently speak of the MARYLAND MEDICAL JOURNAL in the most complimentary terms, and are frequent contributors to its pages.

Dr. W. C. Boteler said he wished to express approbation of this excellent paper. He had had an experience of sixteen years in publishing and editing a medical journal, and he appreciated the difficulties. The essential point in the whole thing is to get a good bank account.

Dr. William Osler said he was very much pleased with this paper. It was important to have contributors to a medical journal, and the journal should have enough money to carry on its work and a liberal support in its community. More capital was needed in this work, and cap-

ital from outside of the profession, as Dr. Boteler suggested. We should have a good representative medical journal in the State, and we could have one if the profession would do its duty.

Dr. William B. Canfield said that he had slipped into the editorial chair several years ago more through an accident than through any special fitness, by buying some of the stock of the company and taking a very active interest in it. His experience was that too many physicians ran down the journal and did not help it, when they should remember that a poor journal does not so much reflect on the journal as on the community and on the profession to which it belongs. The medical journal is an index of the ability and intelligence of its professional surroundings. It had made great progress and had made money, but the tendency in Baltimore and Maryland was too often to run down and belittle a home product, when that same object, viewed away from home, would be highly prized.

Dr. E. N. Brush said that the editor should really edit articles and not publish everything that was sent in. Many of the articles published were badly written and badly expressed. The editor should not trust to the reader to transpose sentences, but he should arrange the matter carefully himself.

Dr. S. C. Chew said that he thought that Dr. Simmons had omitted to mention the journal edited by Drs. Hammond, Van Bibber and McCaw, which was published for both Maryland and Virginia.

Dr. Simmons expressed great satisfaction that his paper had brought forth so much discussion. In reference to Dr. Chew's remarks he would say that he omitted that journal because it was not strictly a State journal, but mentioned it in the time it appeared in Maryland.

Dr. T. Caspar Gilchrist then read a paper on the "Treatment of Acne Rosacea," in which he went over thoroughly the salient points of this skin affection, its diagnosis and treatment.

After the adjournment of the first day's session the members visited friends and walked over the beautiful and neat city of Frederick, and at 8 o'clock assembled

in the foyer of the City Hotel and marched from there into the dining-room, where a sumptuous banquet was spread, which was a subscription affair, but the wines were kindly furnished by the local physicians.

(To be continued.)

THE JOHNS HOPKINS HOSPITAL MEDICAL SOCIETY.

MEETING HELD MONDAY, NOVEMBER 21, 1898.
(ABSTRACT REPORT.)

EXHIBITION OF SURGICAL CASES.

CASE 1.—*Dr. Bloodgood* exhibited a case of vesical calculus of large size in a child only two years old, and stated that in this part of the country such a condition was very rare. A suprapubic operation was performed, and after making an incision in the abdomen, instead of trying to grasp the stone with forceps he put his hand into the abdomen behind the bladder and pushed the stone up into the opening. The wound in the bladder was closed immediately without drainage, and although no catheter was used after the operation the child made a rapid recovery and had no difficulty in voiding urine.

Case 2 was that of an elderly gentleman who had been twice operated upon for hernia. As his condition was such as to contraindicate the use of a general anesthetic, both operations were performed under cocaine.

Case 3 was that of a young man with hernia, who had been operated upon under cocaine with so little discomfort that *Dr. Bloodgood* stated if he had a hernia himself he would choose to be operated upon under cocaine rather than to take a general anesthetic.

Case 4 was one of gangrenous strangulated hernia upon which *Dr. Bloodgood* had operated, doing a primary resection, with immediate end-to-end suture. *Dr. Bloodgood* stated that a consideration of the cases treated at the Johns Hopkins Hospital would lead him to say that, as a rule, where the gut is gangrenous, one should not attempt to resect and suture, but that now and then one might be fortunate enough to see a case early and in sufficiently good condition to warrant the operation.

In considering the use of the local anesthetic he credited Dr. Cushing with being the first one to demonstrate that we could explore strangulated hernias under cocaine as well as under general anesthesia. Considering the mortality as well as the additional risk from the general anesthetic, he considered the local anesthetic to be well adapted to these cases.

• DISCUSSION.

In referring to the first case Dr. Finney reviewed the discussion that is now going on concerning the best means for operating for stone in the bladder, especially in children, and stated that he considered the suprapubic operation the best. He objected to the crushing operation, on the ground that one cannot be sure that the bladder is thoroughly emptied of all fragments of the stone; if small particles are left they may form nuclei for subsequent stones. In the last five cases of stone in the bladder upon which he had operated he had done an immediate suture of the bladder wound.

With reference to the question of anesthesia he stated that he believed cocaine would now be used more and more in major operations and particularly in the class of cases referred to by Dr. Bloodgood.

Dr. Cushing read "A Report of Four Cases of Typhoid Perforation Operated Upon at the Johns Hopkins Hospital."

DISCUSSION.

Dr. Osler congratulated Dr. Cushing upon his good results, which he said were better than could be accomplished on the medical side of the institution. He referred to the extreme difficulty in making a positive diagnosis in some cases of perforative peritonitis, and announced his belief that when there are many typhoid cases in the hospital the house surgeon and house physician should regularly make the round of the wards together.

Dr. Thayer also referred to the difficulty in diagnosis in some of these cases, and particularly referred to the behavior of the leucocytes at the time of the shock accompanying perforation.

Dr. Finney regarded the subject of leucocytosis in this connection as one of extreme importance and from which they had hoped to derive much help, but he

considered that the value of the blood count remains yet to be determined. He had operated upon four cases himself, one of which offered almost as many difficulties as the one upon which Dr. Cushing did three laparotomies. A recent study of the literature and a collection of 100 cases operated upon led him to believe that the mortality was somewhat about 25 per cent. He considered an early operation as the main point, and endorsed Dr. Osler's suggestion that the physician and surgeon should study these cases together.

Dr. Young read a paper entitled "The Treatment of Hypertrophied Prostate, with Reports of Four Cases of Total Excision."

DISCUSSION.

Dr. Osler thought that Dr. Young had taken too gloomy a view of the life of those patients who are compelled to use the catheter for many years, and he referred to some cases that, after long continuous use of the catheter, seemed to be quite happy.

Dr. Bloodgood thought that Dr. Young's very excellent results would encourage surgeons to carefully select their cases and attempt prostatectomy. He believed, however, that we should not overlook the fact that the great majority of patients who seek relief for this condition are not in the best condition to undergo a major operation. He felt that if we could get hold of these patients early, while they are in good physical condition, the mortality would be very low and the result might be as good as those reported.

ABDOMINAL MASSAGE IN CARDIAC DISEASES.—M. Huchard (American Journal of the Medical Sciences), reporting upon the paper of Cambru, recognizes the fact that in these diseases there exists a stasis in the mesenteric veins and in all the abdominal venous system. Often this plethora exists for a long time before the outbreak of the accidents of asystole. If, then, the intra-abdominal circulation is improved by massage, the renal tension can be increased and the blood-current quickened. Under these conditions an abundant diuresis, analogous to that of digitalis, can be obtained.

Medical Progress.

WHITE BREAD OR BROWN BREAD?—Drs. Lauder Brunton and Tunnicliffe are quoted in the British Medical Journal in an instructive communication on the relative digestibility of white and brown bread. On the strength of certain experiments, which they describe in full, they feel justified in concluding that the higher nutritive value which might on purely chemical grounds be ascribed to brown bread cannot be maintained from the physiological side. With regard to fats and mineral constituents on the other hand, distinctly less of the nutritive materials actually get into the blood in the case of brown than of white bread. White bread is, weight for weight, more nutritious than brown. It thus would appear that the preference given by operatives in large towns to white bread has, to a certain extent, a sound physiological basis. In the case of people with irritable intestines white bread is to be preferred to brown. In the case of people with sluggish bowels brown bread may be preferable to white, as it tends to maintain peristalsis and insures regular evacuation of the bowels. If the proportion of mineral ingredients, and especially of lime salts, in other articles of food or drink be insufficient, brown bread is preferable to white. It is possible that in the case of operatives living chiefly upon bread and tea, the preference for white bread which prevails may be responsible, in part at least, for the early decay of the teeth. An abundant supply of mineral constituents is especially required in pregnant and suckling women and in growing children, in order to supply material for the nutrition of the fetus, for the constituents of the milk and for the growth of the tissues, especially the bones. In such cases, if mineral salts, especially those of calcium, be supplied by other foodstuffs, drinks, or medicines, brown bread is preferable to white. Lastly, Drs. Brunton and Tunnicliffe are of opinion that if the dietary be insufficient in fat, or if the patient be unable to digest fat readily in other forms, brown bread may possibly be preferable to white. The authors rightly dwell on the absurdity of taking the more chemical

composition of a foodstuff as an index of its nutritive value. "A stick of charcoal, the atmospheric air, a little water and some sea salt contain all the elements of a typical diet, and in ample quantity." Hence, it is not always a question of what a foodstuff contains, but how it contains it.

* * *

DIAGNOSTIC AND THERAPEUTIC USES OF TUBERCULIN.—Dr. Charles W. Aitkin in an article in the Denver Medical Times on the above subject draws the following conclusions:

1. That tuberculin is of inestimable value in diagnosing tuberculosis in early stages.
2. It is of equal value in discriminating between this affection and others which closely simulate it.
3. In some cases of beginning tuberculosis it is a remedy which possesses curative powers.
4. In tuberculous glands and in local skin tuberculosis the diseased condition is at once usually relieved. Its greatest value at this time I believe to be is its use as a diagnostic means.

I have endeavored in this to refer only to matters of practical value, and to leave theorizing for those who have more time for theory than for practice.

* * *

SERUM TREATMENT OF SYPHILIS.—Charmeil (British Medical Journal) gives the result of his researches. He employed heifer's serum because bovines are not susceptible to the disease, and hence he thought the serum might possess antisyphilitic properties. He began with 150 c. cm., and obtained an energetic reaction, the temperature rising to 104° F., and taking twenty-four to thirty-six hours to return to normal. As a rule, there were no bad after-effects, but in a few cases there were slight pulmonary signs, which soon disappeared. Charmeil also tried horse's serum with less active results. All patients improved rapidly without any mercurial treatment. He is of opinion that the results are due to the fever induced rather than to any specific action.

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MARYLAND MEDICAL JOURNAL.
Fidelity Building, Charles and Lexington Streets.
BALTIMORE, MD.

WASHINGTON OFFICE:
Washington Loan and Trust Company Building.

BALTIMORE, DECEMBER 3, 1898.

THE history of the progress of medical journalism in Maryland is one which should be of great interest to the **Medical Journalism** physicians of Maryland. Of late years the history of medicine has been receiving more attention than it ever received before, and nothing is more fitting than that the local history of medicine should be familiar to all before that of other places and countries is taken up.

Medical editors and publishers in the early days had no sinecure, and the lack of encouragement in so many cases is truly pathetic. At the present day, however, there is more cause for encouragement, but, as Dr. Simmons so well shows in his elaborate and well-written article, physicians of Maryland lack a certain *esprit de corps*—a certain patriotism, as it were—in supporting their home journal; and yet, as is so well known, this very journal has been the means of bringing many a young man to prominent notice who has since gained a wide reputation and no small amount of this world's goods.

Every trade and every profession has its organ, and the prosperity of that trade or profession is usually mirrored in the writings of their respective organ. The MARYLAND MEDICAL JOURNAL is the index of the profession of Maryland, and the profession of Maryland should not fail to give it their hearty support. A journal becomes successful by the ability of its contributors more than by the power of its editor. A medical journal is just what its community makes it, and each physician is responsible for the welfare of the journal which is published near him. The MARYLAND MEDICAL JOURNAL is the only independent medical journal in Maryland and the only weekly medical journal south of Philadelphia, and as such it should be the pride of every physician in the State. The discussion on Dr. Simmons' paper showed what many physicians thought of medical journals. The medical journal is an asset of the profession, and its prosperity mirrors the prosperity of the profession. The physician who refuses to write for any journal on the plea of lack of time too often means that he has lack of ability. The really busy man rarely complains of lack of time.

* * *

It is astonishing what rapid strides Maryland has made in organized charity and caring for the poor and needy. The **Charities and Corrections.** second annual meeting of the Maryland Conference of Charities and Correction, which has just closed its sessions, is a powerful organization, which should receive the hearty support of all good citizens.

To the student of sociology nothing is more interesting than active work in one of these organized charitable institutions. Their whole object is not to give alms, but to help those who are down, and, much more than that, how to help them to help themselves, and it is a species of education which gives excellent results.

Such work has for its object the elevating of the people, the lessening of crime, the abolishing of poverty, and it helps the taxpayer by decreasing taxes. The work is a good one and one with which physicians should co-operate in their work among the poor.

Medical Items.

We are indebted to the Health Department of Baltimore for the following statement of cases and deaths reported for the week ending November 26, 1898:

Diseases.	Cases Reported.	Deaths.
Smallpox.....	..	..
Pneumonia.....	..	12
Phthisis Pulmonalis.....	1	25
Measles.....	2	..
Whooping Cough.....	..	..
Pseudo-Membranous Croup and Diphtheria.	80	10
Mumps.....	..	..
Scarlet Fever.....	8	..
Varioloid.....	..	..
Varicella.....	2	..
Typhoid Fever.....	13	4

The new annex of the Presbyterian Eye, Ear and Throat Charity Hospital was formally opened last Tuesday night.

Treatment by so-called Christian science is attracting a great deal of attention at the present time.

A Railroad Young Men's Christian Association Hospital was opened last Monday in Hagerstown. Dr. J. McPherson Scott delivered the address.

Dr. Boardman Reed, formerly of Atlantic City, has removed to Philadelphia and has taken editorial charge of the *International Medical Magazine*.

The Indiana Medical College building was almost totally destroyed by fire last week, and Dr. Norman Shobe was so badly burned that he will die.

Dr. Albert J. Phillips, who died last week in Paterson, N. J., was a native of Baltimore and a graduate of the Baltimore Medical College and Jefferson Medical College of Philadelphia. He was forty-three years old.

Dr. W. H. Baker, a prominent physician of Lynchburg, Va., died last week after a short illness. He was a prominent eye and ear specialist and had established a large practice in that section of the country. He was a graduate of the University of Maryland in 1881.

North Carolina, South Carolina and Virginia have formed a tri-State medical society, with Dr. W. H. H. Cobb of Goldsboro, N. C., as chairman; Dr. H. H. Dodson of Milton, N.

C., treasurer, and Dr. Paulus A. Irving of Richmond as secretary. The first meeting will be held in Raleigh or Charlotte, N. C.

At a meeting of the board of trustees of the endowment fund of the University of Maryland School of Medicine last week Judge Henry D. Harlan and Dr. Thomas A. Ashby were elected to fill vacancies caused by the death of Mr. Richard McSherry and Dr. J. E. Michael. Dr. C. G. W. Macgill was elected in place of Dr. Henry M. Wilson, resigned.

The following officers of the American Electro-Therapeutic Association were elected for the following year: President, Dr. Francis B. Bishop, Washington, D. C.; first vice-president, Dr. Ernest Wende, Buffalo, N. Y.; second vice-president, Dr. W. H. White, Boston, Mass.; secretary, Dr. John Gerin, Auburn, N. Y.; treasurer, Dr. Richard J. Nunn, Savannah, Ga.

Physicians of Carroll county met in the new Firemen's Building, at Westminster, and organized a medical society. The meeting was well attended. It was called to order by Dr. Joseph T. Hering of Westminster. Dr. Frank T. Shaw of Westminster was made temporary chairman. The permanent officers were elected as follows: President, Dr. Clotworthy Birnie of Taneytown; vice-presidents, Drs. R. C. Wells of Hampstead, John S. Ziegler of Melrose, S. L. Moores of Finksburg, Daniel B. Sprecher of Sykesville, John A. Buffington of New Windsor, James H. Billingslea of Westminster, Harry F. Baer of Tannery, Frank T. Shaw of Westminster, Milton M. Norris of Union Bridge, Luther Kemp of Uniontown, Jacob Rinehart of Frizzlesburg, J. J. Stewart of Union Mills and Edward D. Cronk of Winfield. Dr. Joseph T. Hering was elected secretary-treasurer. The chairman appointed Drs. Joseph T. Hering, Luther Kemp, Charles R. Foutz and John A. Buffington as a committee on constitution and by-laws, who will report at the next meeting of the organization at Westminster on December 22. The members of the organization not included in the list of officers and committees are as follows: Drs. Joshua W. Hering, Thomas J. Coonan, John S. Mathias, M. L. Bott and J. H. Gardner of Westminster; Lewis A. Aldredge, George H. Brown, A. T. Cronk, C. H. Diller, Silas N. Gorsuch, George T. Motter, Thomas J. Shrceve, Columbus N. Brown, Charles Thomson and George H. Rohé.

Washington Notes.

So far as the Marine Hospital Service investigation and experimentation goes the use of Sanarelli's amerylic serum as a curative agent in yellow fever is by no means successful.

The mortality of the past week was 120—a death rate of 22.26 per 1000. There were six fatal cases of typhoid fever, eleven of diphtheria and one of yellow fever. There are 110 cases of diphtheria and 116 cases of scarlet fever in isolation.

At the Society Wednesday evening Dr. W. W. Johnston read a paper "On the Differential Diagnosis of Diseases Characterized by Regular Intermittent Fever;" Dr. Prentiss reported a case of "Syphilitic Fever," and Dr. Mauss reported case, with specimen, "Calculous Pyelonephritis and Calculi in Gall Bladder, with Intermittent Fever."

The following order has been issued as a preliminary step in preventing yellow fever: "By direction of the Secretary of War, Acting Assistant Surgeon Aristides Agramonte, U. S. A., will proceed from this city to Havana, Cuba, on official business pertaining to the pursuance of his studies with reference to the cause and prevention of yellow fever, under instructions from the surgeon-general of the army and under the immediate direction of the chief surgeon at Havana, Cuba."

An incorporated concern calling itself "The Co-operative Medical Association" has opened its office at the Pacific Building. Its purpose will be understood from the following quotation taken from its advertising sheet, in which it put forth its subject and manner of operation, mingled with a few "Health Hints" and old jokes: "The members are divided into two classes, regular and associate. The regular members pay twenty-five cents per week, and receive therefor unlimited medical attendance, both at their homes and at the offices of the association. All medicines free of charge, and, in case of death, a suitable casket, a hearse and four carriages. The associate members pay thirteen cents per week, and receive unlimited medical attendance at the offices of the association, twelve visits annually at their homes, their medicines at reasonable rates (less than one-half the charges of regular druggists), and, in case of death, a suitable casket, a hearse and two carriages."

Book Reviews.

LECTURES ON TUMORS. By John B. Hamilton, M.D., LL.D., Professor of Surgery, Rush Medical College and Chicago Polyclinic; Surgeon to Presbyterian Hospital; Consulting Surgeon to St. Joseph's Hospital, etc. Third edition: twenty-one illustrations. Price \$1.25 net. Philadelphia: P. Blakiston's Son & Co., 1012 Walnut street. 1898.

The lectures of Dr. Hamilton on tumors have been revised and are now presented as a third edition to the public. The work is intended "to serve as a recitation book on the pathology and clinical history of tumors," according to the author's preface. It consists of seven lectures, in which the whole subject of tumors is considered. As a part of a course of lectures in the college curriculum it may be considered fairly satisfactory, but as a separate treatise on this important branch it will hardly take a high rank. As a ready means of refreshing one's memory for an examination it will prove useful.

REPRINTS, ETC., RECEIVED.

Diseases of the Lachrymal Passages; Their Causes and Management. By Leartus Connor, A.M., M.D. Reprint from the *Journal*.

The Surgical Treatment of Uterine Myomata. By Henry O. Marcy, M.D., LL.D. Reprint from the *Journal*.

Exercise in Exophthalmic Goiter. By Henry Waldo Coe, M.D. Reprint from the *Western Medical Review*.

Acute Chloral Dementia Simulating Paretic Dementia. By Henry Waldo Coe, M.D. Reprint from *Medicine*.

The Use of Thyroid. By William E. Moseley, M.D., Baltimore. Reprint from the *Medical News*.

The Prevention of Diseases Now Preying Upon the Medical Profession. By Leartus Connor, A.M., M.D. Reprint from the *Bulletin of the American Academy of Medicine*.

Some of the Disadvantages of Vaginal Drainage for Pelvic Abscess. By Charles P. Noble, M.D. Reprint from the *American Gynecological and Obstetrical Journal*.

Recent Therapeutical Application of the Valerianates, of Creosote and Guaiacol. By J. W. Wainwright, M.D. Reprint from the *Journal*.

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Whole No. 924

Original Articles.

SOME REMARKS ON ACNE ROSACEA WITH ESPECIAL REFERENCE TO TREAT- MENT.

By *T. Caspar Gilchrist, M.D.*

Clinical Professor of Dermatology, Johns Hopkins
University, and Clinical Professor of Dermatology, University of Maryland.

READ BEFORE THE SEMI-ANNUAL MEETING OF THE
MEDICAL AND CHIRURGICAL FACULTY OF MARY-
LAND AT FREDERICK, NOVEMBER 16, 1898.

DUHRING has defined acne rosacea as "a chronic hyperemic or inflammatory disease of the face, more particularly of the nose and cheeks, characterized by redness, dilatation and enlargement of the blood-vessels, hypertrophy and more or less acne."

The disease first appears as a transitory flushing of the nose and cheeks, especially after a hearty meal or after drinking hot fluids or stimulants. As the redness gradually becomes more frequent the affected region assumes a greasy appearance. Even when the redness is quite marked the absence of any inflammation is easily detected by the sense of touch. This constitutes the first stage of the disease. As the redness becomes more permanent the cutaneous capillaries increase in size, so that one sees in this, the second stage of the disease, dilated, tortuous blood-vessels, which are quite visible to the naked eye. As time advances there gradually supervenes the third stage, which is characterized by the presence of large numbers of dilated blood-vessels, the presence of acne papules and pus-

tules, hypertrophy of the skin, enlargement of the sebaceous glands and widening of the mouths.

Acne rosacea does not always follow this specified description, but some cases only show dilated cutaneous blood-vessels, with an ill-defined reddish patch. In other cases, especially those due to stimulants, the nose may become very much hypertrophied and reach an enormous size. In some patients only the first stage is noticed when they apply for treatment, but it is usually in the second or third stage when advice is sought.

Diagnosis.—I have met with three cases of lupus erythematosus which were diagnosed as acne rosacea. The distribution is somewhat similar in both diseases, but in lupus erythematosus there is a well-defined patch, markedly thickened, especially at the edge, characterized by the presence of adherent scales, which show on removal pedicles projecting from the under surface of the scale (the pedicles dip into the mouths of the sebaceous glands), often atrophic scars in the central portion of the patch, but never any papules or pustules. Acne rosacea, on the contrary, is characterized by the presence of acne papules, pustules, dilated blood-vessels, and the edge is ill-defined.

I have also seen three cases of syphilis, with patches on the forehead which simulated acne rosacea very closely. The patches consisted of a network of tortuous dilated blood-vessels on a reddened patch which was ill-defined, but there were no acne papules, pustules nor any hypertrophy; the patches did not present the usual appearance of an acne rosacea. There were other symptoms of syphilis, and under the usual treatment the lesions on the forehead disappeared fairly rapidly.

The usual lesions of syphilis which are mistaken for acne rosacea are of the tubercular variety, in which small punched-out ulcers are nearly always present, covered by scabs. One never sees these ulcers in acne rosacea. The tubercles or large papules have no special relation to the sebaceous glands, whereas in acne rosacea the papules always show a "black-head" or "whitehead" in the center.

The color in syphilitic lesions is more of a raw ham color, whereas in acne rosacea the color is of a bright or venous red.

In ordinary acne vulgaris one sees numerous "blackhead" papules and pustules, with blackheads in the center, but no red patches, dilated tortuous vessels or hypertrophy of the skin.

Etiology.—With reference to the etiology, I have found the disease much more prevalent comparatively in private than in dispensary practice. In the cases which I have seen in Baltimore (over 150) dyspepsia was the commonest cause in one form or another, together with irregularity of the bowels. Menstrual difficulties I rarely found to be present, and in many of my cases no cause could be discovered. More women were affected than men, but the latter suffered more severely. Spirituous liquors, as is well known, afford a common cause, yet it was remarkable what a large proportion of my private patients were teetotalers. Out of thirty-seven cases in private practice in only four or five could the disease be attributed to the use of stimulants, and even in those cases alcohol was not taken very immoderately. The disease is believed to be a vaso-motor angioneurosis of reflex origin.

Treatment.—This is divided into constitutional and local. In women any menstrual disorder should be corrected as far as possible. All alcoholic stimulants should be stopped.

Diet.—Good, plain diet should be taken, and the patient should be told to avoid all forms of pork, pickles, salads, especially salad dressings, highly-seasoned foods, rich gravies, sauces, cheese, pastry, candies, cakes, boiled coffee, strong or long-drawn tea and very hot liquids. The use of sugar and tobacco should not be too liberal. Fresh fruits

and green vegetables are to be recommended.

Laxatives.—For the constipation fluid extract of cascara sagrada has proved to be the most useful, and it is usually ordered to be taken at night; in some cases Hunyadi water taken in the morning is more efficacious.

Dyspeptic symptoms are often corrected by the attention to diet and the use of the laxatives. If the tongue is very coated an alkaline bitter tonic should be ordered.

Malcolm Morris speaks very highly of the use of ichthyo internally for the flatulent forms of dyspepsia in five-grain doses, morning and evening.

This attention to diet and correction of constipation will improve the condition, but will not cure the disease, especially in its second or third stage, so that local treatment is always necessary. This consists in the use of the proper kind of soap, the application of local remedies, scarification, or the use of the electric needle.

Soap.—When the skin is much thickened, and there are many acne papules and pustules, the German green soap is the best, used with hot water and a piece of white flannel every night, until the skin begins to peel considerably. In the less severe cases white castile soap is very good. I have found 5 per cent. resorcin soap (Eichoff's) very efficacious in aiding the treatment.

Lotions and Ointments.—The chief constituent of these is precipitated sulphur. Speaking generally, lotions are more applicable in the summer months or when the skin is greasy, whereas ointments are more useful in the winter. With the precipitated sulphur, which is made up with lanolin, one can use salicylic acid, 2-7 per cent., when the skin is hypertrophied. Sweet almond oil should be added to give a soft consistency to the mixture (dr. i-oz. i). A prescription for an ointment would be as follows:

R. Sulph. precip., dr. i-dr. iv.

Acid salicyl., grs. x-xxx.

Ol. amygdal. dulcis, dr. i.

Lanoline, oz. i.

(The salve should not be gritty, but perfectly smooth.)

S. Apply at night after washing.

As a lotion Kummerfeld's solution, used in varying strength according to the severity of the case, will be found to be very efficacious, especially in connection with scarification.

R. Sulph. precip., dr. i-dr. iii.

Pulv. camph., grs. v.

Pulv. tragacanth., grs. x.

Aqua calcis, oz. i.

Aqua rosae, oz. i.

S. Apply after washing at night.

Unna's mercurial and carbolic acid plaster mulls are sometimes of much value in the early stages of the disease.

These local remedies are very good, but yet they rarely cure the disease of themselves. Scarification or the application of the electric needle is a very necessary adjunct to the treatment.

Scarification can be done in three ways:

1st. By linear scarification.

2d. By slitting up the dilated cutaneous blood-vessels.

3d. By puncturing rapidly.

I began this form of treatment by using the first method, which was introduced by Hebra, but soon gave it up as too unsightly, and now use a less unattractive plan. Linear scarification consists in making a number of closely aggregated linear parallel cuts into the skin about one-sixteenth of an inch deep, and, after the bleeding has been stopped by using absorbent cotton, tinct. ferri perchlor. is applied. This treatment results in the formation of microscopical scars and the disappearance of the dilated blood-vessels by atrophy. A scarifier is a small double-edged instrument shaped like a small arrow-head. I would not recommend this plan, as other less unsightly and just as efficacious methods can be adopted. The second method presents the same objection.

The third plan is the best. I have used this very extensively, and it is applicable in all stages of the disease, but especially when there are no very large vessels which can be treated with the electric needle.

The bleeding which ensues from the rapid puncturing is sometimes profuse, but it soon stops on applying absorbent cotton. In puncturing, the best plan is to stretch the skin and then puncture

perpendicular to the surface of the skin about one-sixteenth of an inch in depth. After a little practice one can soon puncture quite rapidly, and after a longer trial of this method it will be found that one can make nearly 500 punctures per minute, so that the nose, for example, could be scarified in about ten to fifteen seconds. This plan of treatment is carried out once or twice a week, according to the severity of the case. It will be observed very noticeably how much less severe the bleeding is as the case improves. If similar scarification is done on normal skin very little bleeding ensues—in fact, only a few drops will ooze out of the punctures.

Women, as one would suppose, bear this treatment much better than men, and they appear to stand the scarification very well.

In nervous patients one can benumb the skin by using an ether spray on the skin or ethyl chloride. This form of scarification is never followed by scars. All sebaceous plugs should be expressed, and all acne papules and pustules should be opened.

The advantage of this plan is, the patients look no worse after leaving the office than when they entered, so that there is no transient disfigurement, as in the linear scarification.

Lassar has invented an electric motor attached to a puncturing machine with 100 points, which thus allows of greater rapidity of action.

Electric Treatment.—This method is especially efficacious for the destruction of the dilated blood-vessels. The galvanic battery is used, and the patient holds the positive pole, with a moistened sponge attached, in the hand, while the doctor uses a fine platinum needle attached to the negative pole.

I use from four to eight cells of a dry silver cell battery. The needle is inserted into a blood-vessel, the circuit is made by the patient grasping the sponge, and if the needle has entered the vessels bubbles are seen to arise in it, the skin around becomes whitish and the vessel disappears. Only a few seconds are required to produce this result. Each visible vessel is thus treated. No scars are left.

For redness alone the application of both sponges of negative and positive poles over the patch and moving them about for fifteen to twenty minutes produces good results. A similar strength of current is used in this method.

In summing up the treatment, this consists, then, of strict attention to diet, correction of any dyspepsia, constipation, menstrual troubles, avoiding the use of stimulants, washing the face in hot water every night, after which a sulphur ointment or lotion is applied, local treatment by scarification for the redness, and the application of the electric needle when any blood-vessels are visible.

The prognosis is very good—in fact, all cases are practically curable.

For the greatly hypertrophied condition that is sometimes seen on the nose surgical interference is necessary.

OCULAR MANIFESTATIONS OF DIABETES.

By *H. O. Reik, M.D.*,

Assistant in Ophthalmology and Otology, Johns Hopkins University.

READ AT THE SEMI-ANNUAL MEETING OF THE MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND,
HELD AT FREDERICK, NOVEMBER 16-17, 1898.

In calling attention to the ocular manifestations of diabetes, I have no intention of reviewing all of the diseased conditions of the eye that may attend, or result from this disease, for all of the ocular tissues, including the lens, cornea, sclera, iris, choroid, retina and blood vessels may at times be affected, but I only desire to speak of several points which are of common interest to the ophthalmologist and the general practitioner. These are, first, the fact that the tendency of ophthalmologists, like other specialists, to specialize too closely may lead them to overlook the systemic causative factor in a diseased condition that is apparently purely local; secondly, that the general systemic disease may occasionally be detected and diagnosed by an examination of the eye, and, thirdly, I would emphasize the importance of great care in deciding on the presence or absence of diabetes by urinary analysis.

The abnormal increase of sugar in the urine may continue for a long time without giving rise to any eye symptoms, and, ordinarily, these symptoms do not appear in mild cases. It is in the severe forms of the disease that the organ of sight is most often affected, and this feature renders it all the more important that the eye symptoms be recognized promptly in those cases where they precede any of the general symptoms that would lead to a diagnosis.

The frequent development of cataract in the course of this disease is well known, and such cases are perhaps always readily recognized, but when the other tissues become affected, as, for instance, the cornea, the sclera or the uveal tract, diabetes is not at once suspected, because such inflammations are much more commonly due to other causes. In view, however, of Hirschberg's experience, he having found diabetes in 1 per cent. of all his private patients, I think it becomes the duty of the physician, and especially of the oculist, to make the necessary examinations for sugar in the urine and blood in every case of cataract, paralysis of the eye muscles and disordered states of the vision in which there is doubt as to the cause. At this juncture I would like to add that I believe every physician should be able to use the ophthalmoscope. It is not expected, in fact, it is not possible, that the busy practitioner should be an expert in the use of this instrument, but it is perfectly possible for him to use it sufficiently well to be able to recognize the existence of an abnormal intra-ocular condition, and even to assist himself very materially in the diagnosis of diseases of the general system. The prognosis of diabetes, as well as of its eye complications, depends almost entirely upon the stage the disease may have reached before its recognition. That such recognition, and, consequently, the prognosis, may rest upon a careful examination of the eyes, is well illustrated in the following case:

Mr. F., a farmer, consulted me on account of failing vision. He had always been a particularly healthy individual, and, so far as he knew, was at the time in good physical condition. His statement was that two months previously he be-

came aware that his vision was failing, not only for reading and close work, but that he could not distinguish the farm employes at as great distance as he had been accustomed to. For a short period of time, perhaps only a few days, he was troubled by double vision, and when this passed away he was unable to properly gauge distances; for instance, in attempting to pour out a glass of milk, he would pour the fluid into his plate instead of into the glass. At no time did he have any pain or discomfort in the eyes. His physician advised him to consult an oculist at once, but instead of so doing he visited an optician, who promptly furnished him with a pair of glasses. After two weeks' use of them he threw them away.

On examination by ophthalmoscope I found the right eye normal, but the left eye showed an abnormal condition. The optic disc and vessels were of normal appearance. The macular region was occupied by a somewhat rounded, white patch, crossed by branches of the superior temporal branch of the retinal artery, and nearby this patch were three small hemorrhages. Between the disc and the macula, and especially near the disc margin, were a number of small yellowish-white dots. His central vision in that eye amounted to ability to count fingers at two feet.

Diabetic retinitis is a very rare condition, and, as it frequently happens that albuminuria occurs in combination with glycosuria, the ophthalmoscopic appearances might be mistaken for albuminuric retinitis. There can be no doubt, however, that this is a pure case of the former, as it meets all the requirements laid down by Hirschberg.

Mr. F. had not been the subject of frequent micturition, and was not aware that the total amount of urine passed daily had shown any increase. He furnished me a specimen, however, and examination showed specific gravity, 1015; color, light brownish yellow; reaction slightly acid, no trace of albumen, but a little less than 2 per cent. of sugar. A drop of blood was taken from the lobe of the right ear, and the Bremer test produced a positive reaction, indicating the presence of sugar in the blood in abnormal amount.

This patient had evidently been the subject of diabetes for many months, but no suspicion of his serious condition existed until the eye examination was made.

I am afraid it is a very common habit to make a hasty examination of the urine with Fehling's solutions, and, not getting a positive reaction, to conclude that there is no sugar present. That this test is not always accurate is not the only objection to this plan, for it may happen that there is an abnormal amount of sugar in the blood, and yet it may be temporarily absent from the urine. It is claimed for Bremer's test of the blood that it meets just this difficulty, in that it will always indicate the presence of sugar in the blood, even when the most delicate tests of the urine of a diabetic subject are negative. In the cases in which I have had the opportunity to use it, this test has been very satisfactory, and in one of these cases, a colored boy with diabetic cataract, Bremer's claim was sustained, as he had periods when no trace of sugar could be found in the urine, and yet during such times the blood test was positive. One such case, of course, would not warrant one in saying that the test is thoroughly reliable.

Dr. Futcher published in the *Philadelphia Medical Journal* of February 12, 1898, a report on his experience with this test in the Johns Hopkins Hospital, and he was not inclined to think it absolutely reliable. Since, however, it affords us a means of diagnosis in doubtful cases, and is of value in some, if not in all, instances, it should be given further trial. For testing the urine, too, I think I have found the picric acid and the indigo-carmine tests more satisfactory than the Fehling's solutions.

GONORRHEA IN WOMEN.—P. Broese and H. Schiller conclude, in *Medicine*, that the diagnosis of gonorrhea in women may be made from a simultaneous involvement of several parts of the genital tract, and that chronic urethritis points to chronic gonorrhea. The finding of the gonococcus is not necessary to the diagnosis.

A NOTE ON THYROIDISM.

By George J. Preston, M.D.,

Professor of Neurology, College of Physicians and Surgeons, Baltimore.

SINCE the discovery of the distinct value of the thyroid extract in myxedema and certain cretinoid affections, it has been used empirically in many diseases. Theoretically we should limit its use to those conditions in which we suppose the secretion of the thyroid gland to be deficient. This, however, has not been the case, and the thyroid extract has been used in melancholia, neurasthenia and many other affections which theoretically could in no manner be benefited by the employment of this remedy. This indiscriminate and senseless use of the thyroid extract has at times occasioned symptoms which we should expect if the physiological findings are in any measure correct. If a deficient amount of the secretion of this gland occasions certain well-marked symptoms, *per contra* an increased secretion should give certain indisputable signs.

Chief among these should be the symptoms of exophthalmic goitre, or Graves' disease. In this affection the thyroid is enlarged and supposed to secrete a larger amount of the special product of this gland than occurs during health. Of course, there are certain objections to this hypothesis. As a rule, when an organ becomes pathologically enlarged its secreting power becomes diminished either in quantity, in quality or in both.

To illustrate this condition of thyroidism I will briefly mention two cases, one taken from a German journal, the other occurring in my own practice. Nothaft (*Centralb. f. Inn. Med.*, 1898, No. 15) relates the case of a man who took very large doses of the thyroid extract for the relief of obesity. He began with tablets of five grains, of which he took three daily. He gradually increased the dose, until he was taking as many as thirty of the tablets a day. When he reached this dose his neck began to swell, he had palpitation of the heart, and was unable to sleep. He developed a distinctly marked exophthalmos, presented Graefe's sign, and had moderate tremor. After dis-

continuing the use of the thyroid, with no medication other than some simple sedative, the symptoms gradually began to disappear. The tremor, insomnia and palpitation disappeared in four weeks, but the exophthalmos lasted for half a year.

My own case was as follows: Mrs. D., a widow, with no children. For fifteen years she has had a slight enlargement of the thyroid, which never gave any inconvenience. The small tumor is probably cystic in nature. Some one seeing the tumor advised her to take thyroid extract, and she took daily five-grain tablets for something over three months. After some weeks' medication she began to notice some trouble about her heart. When she consulted me she had a pulse of 140. The heart sounds were perfectly normal, and there was no enlargement of the organ. She showed the characteristic fine tremor of Graves' disease.

I saw the patient first on April 4. The thyroid extract was at once discontinued, and she was put upon some simple sedative. I saw her again on April 11, and the pulse had dropped from 140 to 110 and the tremor was distinctly less. By April 19 the tremor had entirely disappeared and the patient had no further trouble, though her pulse kept up about to 100. In this case the administration of the thyroid in a patient with a slight enlargement of the gland induced most of the symptoms of Graves' disease, except the exophthalmos.

It has been claimed by several observers that thyroid extract will occasionally benefit simple thyroid enlargement, but the case just related shows that this agent may bring about very undesirable symptoms. There is no doubt that thyroid extract when properly made is a drug of decided potency, and it is to be hoped that it will not be employed in the empirical and often reckless manner that has characterized its use for the past year.

ABORTION DUE TO QUININE.—Balagapal (New York Medical Journal) records the case of a woman of twenty-one who in the third month of pregnancy aborted after taking the fourth dose of a mixture containing two grains of quinine to the dose.

Society Reports.*(Continued from page 113.)*

MEDICAL AND CHIRURGICAL
FACULTY OF MARYLAND.
SEMI-ANNUAL MEETING HELD AT FREDERICK,
NOVEMBER 16 AND 17, 1898.

THURSDAY, NOVEMBER 17—SECOND DAY.

Dr. T. A. Ashby then read a paper on "Intestinal Complications in Connection with Abdominal Operations, with Report of Cases," in which he pointed out the graver forms of intestinal lesions requiring resection of the bowel. In any operation within the abdomen the surgeon must be prepared to deal with intestinal lesions. Adhesions frequently attach the bowel walls to adjacent organs and structures, and in course of separation the bowel may be so seriously wounded as to require surgical treatment. These adhesions may be friable and easily separated or so dense that the bowel cannot be liberated from its attachments without serious danger to the walls of the bowel. In such cases, when possible, a portion of the sac-wall should be left attached to the bowel.

Small wounds in the bowel should be closed in with suture. An effort should be made in every case to preserve the integrity of the bowel wall and to leave it in such condition that subsequent sloughing and leakage will not occur. Intestinal obstruction or septic peritonitis will occur from bowel lesions improperly treated at the time of an abdominal section.

Much incomplete work has been done in abdominal surgery through oversight in not looking for bowel lesions, through fear of injuring the bowel in removing intra-abdominal tumors and through failure to deal in a radical way with infected portions of the intestine.

Pus sacs not infrequently open into the bowel and form intimate attachments at the seat of perforation. Areas of the intestine are infected at these points of union, and unless complete resection of the infected bowel is made and the area removed with the pus sacs death is almost sure to follow in this class of cases. Injuries to the bowel may likewise occur in course of an operation which may ne-

cessitate a resection of the damaged tissues. It may likewise become necessary to resect a portion of the bowel to remove an intra-abdominal tumor in which the bowel is incarcerated. The operator is either forced to abandon the operation or to remove a section of the bowel with the tumor mass.

Dr. Ashby advocated this latter procedure, and reported a case of a broad ligament cyst in which five inches of the ileum was removed with the tumor, followed by a recovery of the case.

Five cases of resection of the ileum were reported by *Dr. Ashby* in which from five to twenty-six inches of the bowel were removed. Of these five cases four recovered and one died. The death in one case was due to septic peritonitis and sloughing of the bowel wall at the seat of approximation. The case was one of large pus sacs, which had broken into the bowel at several points, and infection had set in before the operation.

In all of these cases the end-to-end approximation was made with the Murphy button, the button coming away from the resection from eighteen to thirty-five days after the operation in the four cases which recovered. Resection was not done as a primary operation, but was made necessary in connection with other conditions within the abdomen.

The advantage of the Murphy button in this class of operations is that the resection can be done in from five to ten minutes, which is an important item after a long and tedious operation. The intra-abdominal condition should be removed before the resection is made. In primary operations for resection the end-to-end anastomosis with suture is the ideal operation. It requires a higher degree of surgical skill and a far more elaborate technique, and can be employed to best advantage in cases in which the resection is the proposed procedure and not an accidental complication growing out of other intra-abdominal conditions.

In the four cases of recovery reported by *Dr. Ashby* no subsequent complications have so far been traced to the use of the Murphy button.

Dr. Randolph Winslow said in his opinion the Murphy button should always be

surrounded by a row of sutures, when practicable, as in this manner leakage into the peritoneal cavity would be prevented.

Dr. Walter B. Platt said Dr. Ashby's paper is very instructive in showing the uses and, perhaps, some of the limitations of the Murphy button. To add to the shock of a tedious abdominal operation an intestinal suture after a total resection might mean the loss of the patient. It is in cases like this, where the element of time is an important one, that we are especially willing to use the Murphy button rather than to suture. One point not brought out in his remarks upon this mechanical substitute for needle and thread is the danger of using too large a button, one that greatly stretches the intestine. I recall an instance where I saw this error made by a good surgeon. The patient died from gangrene of the intestine, due to pressure of the circumference of the button.

Whatever may be the limitations of the Murphy button, there is no doubt in my mind that it has saved a number of lives which would have been lost had another method of joining the intestine been employed.

Dr. Charles H. Medders read a paper entitled "Corneal Inflammation."

Dr. Hiram Woods said that any study of diseases of the cornea should include the possibility of extension of inflammation to the iris. There is a close connection between diseases of the two structures. The hypopyon accompanying corneal ulceration, secondary iritis, the deposits on the posterior surface of the cornea in iritis and cyclitis are examples. In any case of corneal disease a close watch should be kept on the iris. It may become seriously involved, while the surgeon may attribute the pain and defective sight to the corneal lesion.

Dr. Hugh H. Young read a paper entitled "The Treatment of Hypertrophied Prostate, with Report of Four Cases of Total Excision."

Dr. Platt said Dr. Young is to be congratulated upon the brilliant results he has achieved in these four cases—brilliant for both patient and surgeon. Not only has he removed four huge prostate glands, which are here before us, but the

patients are all able to go about and almost entirely free from their distressing symptoms. What is almost as important in their eyes, and is very remarkable in the light of our present views of the function of the prostate, is the fact that two of these patients are able to ejaculate semen, which in one instance is shown to have contained actively motile spermatozoa. I had the pleasure of seeing the last case reported immediately after the operation and several times subsequently. It seems proven that Dr. Young's operation is a great advance over the so-called prostatectomies as usually practiced, as well as over castration, which is so uncertain in its effect, not to mention other reasons which can never render it popular even with the oldest of men. It will be noted that the hemorrhage in each of these cases was so considerable as to necessitate a saline subcutaneous transfusion. In any case the condition of the patient in the end seems to have been eminently satisfactory.

Dr. Randolph Winslow said we are greatly indebted to Dr. Young for the presentation of this subject. This operation does away with the necessity of castration in this class of cases, an operation which is a revolting one and ought to be performed only as a last resort. It is easy to remove testicles, but impossible to replace them, and a man without testicles is humiliated. This is not necessarily so in the case of women, who have had their ovaries removed. A young woman from whom he had removed the ovaries, tubes and uterus declared that her sexual sensations and desires were entirely normal and agreeable, and she experienced no change whatever in consequence of the loss of these organs.

Dr. H. O. Reik then read a paper entitled "Ocular Manifestations of Diabetes" (see page 122).

Dr. Hiram Woods said that he had not seen a case of retinitis in diabetes uncomplicated with albuminuria. He asked Dr. Reik if dietetic treatment had any effect on the retinitis or on the acuity of vision, or if the disease was a degeneration of the nerve elements of the retina, and, like albuminuric retinitis, caused permanent defect in vision.

(To be continued.)

COLLEGE OF PHYSICIANS OF
PHILADELPHIA—SECTION
ON OPHTHALMOLOGY.

MEETING HELD NOVEMBER 15, 1898.

MEETING November 15, 1898, Dr. George C. Harlan, chairman, in the chair.

Rupture of the Iris and Choroid.—Dr. B. A. Randall reported the case of a boy struck in the eye by a stone three days before, in which there was partial paresis of the iris above and a pupillary nick below, and in the choroid near the disc three nearly parallel linear lesions. These streaks seemed not real ruptures of the coat, but torsion injuries comparable to those reported by him in 1887. There was neither extravasation nor uncovering of the sclera in the affected areas, but merely yellow streaks that will doubtless undergo atrophy and pigment degeneration and present the appearance of total rupture. The macula was uninjured and V. nearly normal. Each lens showed a tiny extranuclear opacity, more pronounced on the uninjured side. They were probably congenital, but might probably be ascribed to the injury, and hence from a medico-legal point of view assume considerable importance. (The patient has since been seen, twenty-six days after injury, and already shows nearly the typical appearances of choroidal rupture, with pigmentation of the margins.)

Dr. R. R. Tybout read, by invitation, a "Report on the Value of Pilocarpine in the Treatment of Diseases of the Interior of the Eye." The speaker detailed a case of violent iridocyclitis in a man thirty-one years of age who had general ciliary injection, contracted pupils, extensive posterior synechiae and deposits on the posterior surface of the cornea. T.+1. V. R. 6/60, L. 6/24. The patient had been infected with syphilis five years before and had been treated with mercury and iodides. Vision still further declined under a continuance of these remedies. After twenty-one hypodermic injections of gr. $\frac{1}{2}$ of pilocarpine muriate, extending over seven weeks, and gr. 60 potassium iodide daily, with mercury occasionally, improvement was rapid and pronounced. V. increased to R. 6/24, L. 6/15. There were no relapses, tension became normal

and the exudation was promptly absorbed. Six months later V. had increased to R. 6/9, L. 6/6, with 50° Ax. 90° .

Also two cases of episcleritis, both having received pilocarpine locally and one internally. In the first case, a woman, aged thirty-one, the inflammation had persisted for four weeks, and recovery ensued under pilocarpine sweats in two weeks. She had no relapses during the following month that she continued under observation. In the second case, a woman, aged twenty-seven, the pain and signs of inflammation which had continued for eight weeks yielded to salol internally and pilocarpine locally much less promptly.

Toxic Chromatoxia and Toxic Hysteria.

Dr. de Schweinitz related the history of a patient, aged fifty-one, who asserted that his left eye had always been defective in vision and had practically been blind for eleven years, and whose right eye for eight weeks previous to examination had been affected with marked xanthopsia in the form of clouds of orange-colored smoke, which passed constantly before it. With the exception of catarrh of the stomach, the patient presented no constitutional ailments, but had always been an excessive smoker and for part of his life a chewer of tobacco. He did not use spirits in any form. There was a typical relative central scotoma in the right eye, and in the left, or supposed blind eye, a scotoma for white could also be demonstrated in the center of the light-field, which in its periphery was normal, just as the form-field in its periphery was normal on the other side. Under a regimen which consisted in abstinence from tobacco, full doses of iodide of potassium and strychnia the patient improved, and in six weeks returned with the vision of the right eye normal, the chromatopsia gone and the scotoma no longer demonstrable, or, at least, only a slight depreciation of color-sense in the old scotomatous area. Tests for feigned monocular blindness were now perfectly successful, and by all ordinary methods it was positively shown that the patient read as well with his left as with his right eye. There had never been any ophthalmoscopic changes of gross disease, probably only

a slight flushing of the optic discs. There was also partial hemi-anesthesia of the face.

Dr. Wm. Campbell Posey contributed "A Clinical Study of 287 Cases of Hyperphoria." The author endeavors to measure the deviation which the eye undergoes when it is screened off in the ordinary refraction test, whilst the other eye fixes the test-card sharply in the endeavor to obtain the best visual acuity. To accomplish this the vision of the right eye is first obtained, the left eye being obscured by an opaque metallic disc. This done, the right eye is obscured by the disc and the left eye made to regard the chart. So soon as the vision of this eye has been obtained, instead of removing the shield from before the right eye and permitting the patient to bring the eyes into a state of parallelism by the unconscious desire for fusion consequent upon binocular vision, the patient is told to regard a bright electric light placed on a level with the line of test letters which he has just read and but a few inches from it, the right eye still being covered. The Maddox rod is then lowered before the left eye, the patient's attention called to the streak, the disc quickly removed from before the right eye and the patient requested to give the relative positions of the light and the streak; the deviations, lateral or vertical, are at once measured by means of the rotary prisms which are in position before the eyes.

As a result of his observations, which extended over 2300 private cases of refraction, he deduced the following conclusions:

(1) Hyperphoria of 1° or more exists in about 13 per cent. of all cases of refraction, and as regards its frequency is independent of associated exophoria, esophoria or lateral orthophoria. Hyperphoria occurred most frequently to the extent of 2° . (2) In general the degree of hyperphoria seems to bear a close relationship to the degree of esophoria and exophoria in any case, increasing or diminishing in proportion as the lateral muscular deviation increases or diminishes, but a high degree of esophoria or exophoria does not necessarily imply the presence of hyperphoria. (3) In like manner

high degrees of ametropia need not be accompanied by hyperphoria, for the author found an equal number of cases of both M. and H. of high degree in which hyperphoria was absent. In these latter cases, however, it was noted that there was but a slight deviation in the lateral muscles, while, on the other hand, it was found that high degrees of ametropia associated with high degrees of lateral heterophoria were almost always attended with hyperphoria. (4) In anisometropia, on the other hand, hyperphoria is present in all cases where the difference in refraction between the eyes is at all marked, even when associated with a moderate degree of esophoria or exophoria. When there is lateral orthophoria, or but little difference in refraction between the eyes, hyperphoria is rarely present. (5) Strabismus, both convergent and divergent, is invariably accompanied by hyperphoria, of which at least one-fourth of its total amount is latent. (6) Latent hyperphoria is common, and occurs independently of the state of the lateral muscles, although it is more frequent in exophoria (2 per cent.) than esophoria (1 67-100 per cent.), or in lateral orthophoria ($1\frac{1}{2}$ per cent.). (7) Unlike latent H., latent hyperphoria develops quite independently of age. (8) The correction of errors of refraction is not sufficient in the majority of cases to bring about a disappearance of any existing hyperphoria, as the author has found that hyperphoria becomes more manifest the longer glasses are worn, whether vertical prisms have been incorporated into the formula or not. (9) Supra-orbital headache is the most frequent symptom. In the small proportion of cases it will be unilateral, usually on the same side as the eye with the lower vision. Typical attacks of migraine may be expected in about 5 per cent. of all cases of hyperphoria. A symptom of frequent occurrence and of great value in directing the attention to the existence of hyperphoria consists in an associated reflex in the supply of the facial nerve. This may manifest itself either in a unilateral twitching of the lids, as in nictitation, or more rarely by pronounced blepharospasm. HOWARD F. HANSSELL,

Clerk of Section.

Medical Progress.

ANKYLOSTOMUM DUODENALE.—In the Berliner Klinische Wochenschrift and quoted in the *Lancet*, Dr. W. Ginn and Dr. Martin Jacoby published certain observations which they had made on the presence of the ankylostomum duodenale and other parasites in the intestines of natives of India, and they arrived at two main conclusions: (1) When the ankylostomum has gained a hold amongst a native tribe of India it spreads with great rapidity amongst the members of the tribe, and (2) it appears very probable that a person may have the ankylostoma in his intestine without being the subject of ankylostomiasis. In the summer of this year, 1898, the same observers had opportunities of examining the stools of several natives. Of the feces of eight natives of Ceylon, in eight the ova of ankylostomum duodenale were found, in seven those of the trichocephalus dispar, and in six those of the ascaris. In the stools of six natives of Madras, in six were observed the ova of ankylostomum duodenale, in six those of trichocephalus dispar, and in five those of ascaris, and in two of the Madras natives the larvae of anguillula intestinalis appeared. The first of the above proportions was therefore corroborated by the new investigations. As supporting the second of their conclusions, Dr. Ginn and Dr. Jacoby found that a large number of Asiatics and Africans in whose stools the ova of the ankylostomum were found exhibited no signs of anemia. Amongst certain tribes there seemed to exist a certain immunity from ankylostomiasis, but the immunity was limited and by no means absolute.

* * *

COUNTY PHYSICIANS AND THE LOCAL SOCIETY.—The following from an exchange shows the relation all eligible physicians in the counties owe to their local medical society: "At this time it is desired to present the duty of every physician in a county to unite with his local society, regardless of its condition, for the ultimate purpose of placing his chosen calling in the place it should occupy. The reasons for this are manifest.

To secure the proper position of the profession requires a unification of the profession. And unification can only be brought about by efficient organization, which, in turn, must be preceded by the enrolling of those who are to be organized. It ought to be made very clear that that man or woman who, being legally admitted to practice medicine, does not unite with the local society places himself or herself in the same relation to the medical profession that a bush-whacker does to an army, or a bandit to a community. That man who manifests no interest in his profession will, in the last analysis, be very apt to forget the proprieties to be exercised toward the individual physician with whom he may come in contact."

* * *

THE PALMO-PLANTAR SIGN IN TYPHOID FEVER.—Quentin (Medical Fortnightly) draws attention to a sign which he considers to be of considerable use in the diagnosis of typhoid fever, and one which has hitherto not received much notice. It consists in a peculiar yellow coloration of the palms of the hands and the soles of the feet. During convalescence these same regions show marked desquamation. The writer points out that in a long series of cases of febrile affections collected by him he has remarked the presence of a slight yellow tinge in some cases of acute articular rheumatism and tuberculosis, but that in typhoid this coloration is much more intense. The explanation is obscure, but that offered is that the epidermic tissues undergo a special nutritive change in the presence of typhoid fever, probably due to elimination of toxic products through the skin.

* * *

QUININE BISULPHATE PREFERABLE TO QUININE SULPHATE.—A writer in a Southern journal (Pennsylvania Medical Journal) is authority for the statement that obscure and obstinate cases of malarial fevers that resist the action of quinine sulphate yield readily to the bisulphate. The latter salt (official like the sulphate) is declared to be better borne by the stomach, and is much more soluble in water and consequently better absorbed.

MARYLAND

Medical * Journal.

PUBLISHED WEEKLY.

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MARYLAND MEDICAL JOURNAL.

Fidelity Building, Charles and Lexington Streets,

BALTIMORE, MD.

WASHINGTON OFFICE:

Washington Loan and Trust Company Building.

BALTIMORE, DECEMBER 10, 1898.

THIS perverted form of respiration, so striking when first seen in its complete development, very strangely eluded

Cheyne-Stokes exact clinical description until the present generation

came upon the scene. In recent years it has received much attention, and it is now thoroughly described and differentiated.

A complete cycle of this peculiar phenomenon occupies from thirty to 100 seconds—absence of respiratory movement from about five to forty seconds; rise, acme and decline of respiratory movement from about fifteen to seventy seconds. Although there are such considerable variations in the duration of its component parts, and although various muscular (voluntary, as of face, and involuntary, as of pupil) movements may be added or wanting, and although the arterial tension, consciousness, etc., are different in different cases, yet the regularly recurring cycle of rest, slowly increasing inspirations, respiratory effort in excess of the normal and slow decline, constitute a distinct clinical phenomenon. It should not be confounded with "meningitic respiration," in which series of slow, superficial respirations and rapid, deep respirations occur without periodicity and are irregularly interspersed with pauses, preceded or followed by

sighs, nor with "diabetic dyspnea," where long, profound chest-expanding inspirations are followed by short pauses in the inspiratory effort and by short, sighing expirations. A number of rare disorders of respiration have been described, of interest only in cases which will not fit into these more familiar categories. These are briefly referred to in the able review by Messrs. Levy and Kaepelin of this whole subject in the *Gazette des Hôpitaux*, No. 112.

It is alleged that Cheyne-Stokes has been observed in normal sleep, but most often it is a late symptom of fatal disease, as uremia, heart diseases, tubercular meningitis. Many theories have been advanced to explain it, none of them perfectly satisfactory. Though usually a warning that death will occur in a few days, exceptions have been noted, as a case in which it lasted three months in typical form.

In most cases, moribund, no treatment is called for. Bulbar excitants, strychnia and electricity have failed where treatment seemed justifiable, as well as oxygen, amyl nitrite and blisters to the nucha. Morphia seems best, with great caution. It may disappear of itself before death and credit be given to a drug.

* * *

It has always been supposed that the monopoly of twisting the truth belongs to the lawyers, but that this is hardly

Are Doctors Truthful? so must be evident to one who has much to do with physicians. Fortunately, this does not apply to every physician, but only to the man who has little to do and pretends to be overworked.

The really busy man attends to his work systematically, has some spare time for recreation and rarely acts hurriedly, while the one who talks about his business is usually unsystematic and takes a long time to do very little. Such a man takes great pains to study his visiting list, loaded down with names of deadheads, in the presence of others; he talks of having so much to do, and usually refuses all invitations of a social nature, or even to write a paper, on the plea that he is "rushed to death" and hardly has time to sleep.

If such a man would study his list of cash receipts in public the truth might be told. Such men may at times deceive the public, but rarely a brother physician, who knows full well that a busy life may consist of dispensary work, free hospital work and seeing a few cases which pay little or nothing.

Medical Items.

We are indebted to the Health Department of Baltimore for the following statement of cases and deaths reported for the week ending December 3, 1898:

Diseases.	Cases Reported.	Deaths.
Smallpox.....	..	..
Pneumonia.....	..	25
Phthisis Pulmonalis.....	1	25
Measles.....	5	..
Whooping Cough.....	7	..
Pseudo-Membranous Croup and Diphtheria.....	55	11
Mumps.....	..	..
Scarlet Fever.....	8	..
Varioloid.....	..	..
Varicella.....	7	..
Typhoid Fever.....	4	6

Sanarelli has been offered the chair of hygiene in the University of Bologna.

The monument to Charcot was unveiled last Sunday in Paris.

Some real estate men of Baltimore are considering the feasibility of erecting an office building in Baltimore for physicians.

Dr. Herman M. Biggs has succeeded the late Dr. O'Dwyer as visiting physician to St. Vincent's Hospital, New York.

Dr. Chr. Sihler, at one time connected with the Johns Hopkins University, is trying to arouse sufficient interest in the physicians of Cleveland to erect a hydatic hospital there.

Dr. Thomas S. Cullen of Baltimore has nearly completed his book on "Cancer of the Uterus." It will be published by the Appletons and contain about 300 illustrations.

The resolution to appropriate \$60,000 for an infectious hospital for Baltimore has passed both branches of the city council and awaits the approval of the proper committee and the mayor's signature.

Dr. Charles Lee, at one time a practicing physician of Baltimore, died last week at Mt. Hope Retreat, where he had been for the past twenty-five years. He was a cousin of the late Dr. William Lee of Baltimore. He leaves one son, Dr. Charles Lee of Huntsville, Ala.

Dr. C. Morris Cheston, a prominent physician of Anne Arundel county, Maryland, and treasurer of that county, died at his home last week at Owenville, near West River, aged forty-nine years. Dr. Cheston was a graduate

of the University of Pennsylvania in 1871. He is succeeded in his political position by Dr. Benjamin R. Davidson of Davidsonville, a graduate of the University of Maryland in 1867.

The Baltimore County Medical Association at its last meeting at Towson passed a resolution requesting and urging the board of county commissioners to instruct the secretary of the county board of health to employ and put into operation at the earliest date possible the laws passed by the last legislature in regard to the registration of births and deaths and the notification of infectious diseases.

The Tri-State Medical Association of Western Maryland, West Virginia and Western Pennsylvania will hold its next meeting at Cumberland December 15. Dr. T. A. Ashby of Baltimore, Dr. E. O. Crossman of Markleton, Pa.; Dr. O. H. Hoffman of Thomas, W. Va.; Dr. T. A. Harris of Parkersburg, W. Va., and Dr. E. T. Duke of Cumberland are announced to read papers.

The president of the board of managers of Craig Colony offers a prize of \$100 for the best contribution to the pathology and treatment of epilepsy, originality being the main condition. The prize is open to universal competition, but all manuscripts must be submitted in English. All papers will be passed upon by a committee to consist of three members of the New York Neurological Society, and the award will be made at the annual meeting of the board of managers of Craig Colony, October 10, 1899. Each essay must be accompanied by a sealed envelope containing the name and address of the author and bearing on the outside the motto or device which is inscribed upon the essay. The successful essay becomes the property of the Craig Colony for publication in its Annual Medical Report. Manuscripts should be sent to Dr. Frederick Peterson, 4 West Fiftieth street, New York city, on or before September 1, 1899.

It is probable that some extensive improvements will be made at the College of Physicians and Surgeons, Calvert and Saratoga streets, at the close of the present session, some time in April or May of next year. Plans for the complete rebuilding of parts of the present structure are being held under advisement by the faculty, but it is not probable that a decision will be reached until the middle of February. At present the building will not properly accommodate the growing classes.

Washington Notes.

Maj. Lewis A. La Garde, surgeon, is ordered from Fort Robinson, Neb., to Soldiers' Home, this city.

Col. Charles R. Greenleaf of General Miles' staff has been ordered to report to the surgeon-general in this city for assignment of duty.

Col. W. H. Forwood, assistant surgeon-general, has been transferred from duty at the United States Soldiers' Home to San Francisco as chief surgeon of the Department of California.

Dr. Calmette of the Pasteur Institute at Lille has discovered an antivenomous serum which is curative if injected within four hours after the person has been bitten. This information came to the Department of State through General Skinner at Marseilles, France.

Dr. W. W. Granger, formerly of this city, died recently at Fairmont, W. Va. He was a veteran of the Civil War and was employed for a number of years in the Treasury Department. During the war he was assistant surgeon in the Union army, attached to a Missouri regiment, and served in the Southwest.

Dr. Rossneau, federal quarantine officer at the port of San Francisco, will in a few days reach this city and be made bacteriologist in the hygienic department of the Marine Hospital Service. He expects to visit Cuba and Porto Rico to study the diseases prevalent in those islands.

The mortality dropped 23 per cent. during the last week, total number of deaths being ninety-two. Twenty-seven were under five years of age and twenty-five over sixty. There were seven fatal cases of diphtheria and four of typhoid fever. There are now in the city 128 cases of diphtheria and 117 cases of scarlet fever.

The milk combine is formed, with a capital of \$1,600,000. The building and plant is to cost about \$250,000, including the ground, and the operating expenses will be about \$70,000 a year. The milk is to be tested daily, and every herd of cows will be inspected at frequent intervals, and all will be conducted according to sanitary requirements. The milk after being delivered to the plant will be run into porcelain vats, then drawn and bottled automatically, the bottles hermatically sealed and placed in cases ready for delivery.

Book Reviews.

PATHOLOGY AND MORBID ANATOMY. By T. Henry Green, M.D., Lecturer on Pathology and Morbid Anatomy at Charing-Cross Hospital Medical School, London. New (eighth) American from the eighth and revised English Edition. In one very handsome Royal Octavo Volume of 600 pages, with 215 Engravings, many being new, and a Colored Plate. Cloth, \$2.50 net. Philadelphia and New York: Lea Bros. & Co.

Green's Pathology has always been a favorite, and a new edition has been needed for some time. While there is some change in the order of the text, there is little else that distinguishes it from the former edition. There are some new illustrations which have been added to elucidate some portions of the text. As this work is recommended by many medical schools, it will receive a hearty welcome, and as the latest editions of such works are so necessary, the author is sure of selling many books at this time.

REPRINTS, ETC., RECEIVED.

Die Behandlung der Lungentuberkulose mit Ichthyol. By Dr. L. Guido Scarpa. Reprint from the *Therapeutische Wochenschrift*.

Manifestations of Syphilis in the Mouth. By L. Duncan Bulkley, A.M., M.D. Reprint from *Dental Cosmos*.

Notes on Malaria in Connection with Meteorological Conditions at Sierra Leone. By Surgeon-Major E. M. Wilson, C.M.G. London: H. K. Lewis. Price, one shilling.

Das Ichthyol in Seiner Verwendbarkeit für die Schiffs- und Tropen-Praxis. By Dr. Leo Leistikow. Reprint from the *Archiv für Schiffs- und Tropen-Hygiene*.

Ueber die Anwendung des Ichthyols in Augenkrankheiten. By Dr. M. Eberson. Reprint from the *Klinisch-Therapeutische Wochenschrift*.

The Dangers of Specialism in Medicine. By L. Duncan Bulkley, A.M., M.D. Reprint from the *Bulletin of the American Academy of Medicine*.

Operation for the Restoration of the Urethra and for the Closure of a Vesico-Vaginal Fistula Involving the Neck of the Bladder. By Charles P. Noble, M.D. Reprint from the *American Journal of Obstetrics*.

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Original Articles.

GLIOMA RETINAE.

By George A. Fleming, M.D.,

Surgeon to the Presbyterian Eye, Ear and Throat
Charity Hospital, Baltimore, Md.

READ AT THE SEMI-ANNUAL MEETING OF THE MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND,
HELD AT FREDERICK, NOVEMBER 16-17, 1898.

ON June 4, 1897, Violet M., aged eleven months, was brought to my office from Five Forks, Pa., for consultation regarding her left eye.

She was of American parentage, the youngest of three children in the family, the other two having always enjoyed excellent health. She had gone through none of the common affections of childhood, save a very light form of measles when three months old. Her skin was pale and blue, her face pinched and general appearance very anemic. Appetite and digestion poor. The health of her parents had always been excellent, as is usually the case with farmers, and the family history showed absence of all hereditary taints, eye disease having been unknown for generations. Also mental condition perfect in parents and their respective family histories.

When four months old her mother had noticed that the left eye looked hazy and the pupil seemed larger than the right, but the baby seemed to see just as well out of either eye as far as the mother could tell. This appearance continued until about two months before I saw her, when the eye became irritated and the lids very much swollen. Hot water was kept constantly applied, when, the mother states, the swelling and redness subsided

and the child seemed comfortable, but the eye seemed to squint.

The parents now began to notice a peculiar shining reflection from the depths of the eye. While not always noticeable, it became apparent at once with certain positions of the head, and was quite marked enough to be observed as a matter of curiosity by relatives and friends of the family. The other eye was perfectly healthy and vision seemed to be excellent.

Examination showed that vision of the left eye had gone completely. The ball protruded a little, but hardly enough to appear as a deformity. The lids were somewhat edematous; the tension of the eyeball increased. By focal illumination the corneal parenchyma was entirely clear; the anterior chamber shallow; the pupil somewhat hazy and having the characteristic reflex of glioma retinae. The comparison between it and the peculiar glowing of the pupil of the cat in the darkness was so striking that, without any knowledge of its clinical value, the parents had unconsciously noticed the strange resemblance.

The occurrence of the sign in this case made the diagnosis almost a certainty, the only doubt being in the fact that (quite rarely) this peculiar reflection may be occasioned by other conditions, although in a less characteristic form.

My advice to the parents was immediate enucleation of the affected eyeball, and, on their consenting, the operation was performed by me that afternoon at the Presbyterian Hospital, with resection of the optic nerve as far back as possible. The orbital fat seemed normal everywhere, and the optic nerve showed no visible change in thickness.

These facts caused me to hope for a

permanent cure and to express myself to that effect to the parents, without, however, omitting the proper warning. As a possible period of relapse, I gave twelve months, adding that I considered the child reasonably safe if no recurrence should take place within eighteen to twenty-four months.

The wound healed in the usual way without suppuration or other unpleasant accident, and the child was taken home two weeks after the operation greatly improved in every way. It was bright and lively, color good, appetite excellent, and, as the parents expressed it, a new baby.

I never saw the patient again, but the father writes me that this improvement continued for about ten months, when the baby was taken very sick and died on May 28, 1898, (almost one year after the operation) from an abscess of the liver. This was probably caused by metastasis through the blood from the growth in the eye, as the father states that the socket appeared to be refilling and the lids were very much swollen. He felt sure also that the right eye was beginning to show the same peculiar reflex seen in the other eye. I am sorry I could not procure the same for examination.

The enucleated eyeball was turned over to my friend, Dr. H. O. Reik, for examination, and the specimen I show you today has been beautifully mounted by him. He took it to the Johns Hopkins Laboratory, where the eye was carefully examined by Dr. William H. Welch, Dr. Simon Flexner and Dr. Thomas S. Cullen, and his report is as follows:

"Dear Dr. Fleming—The eye which you sent me for examination has proven to be a very interesting specimen.

"The tumor is a glioma retinae, which has in its course of progress involved all the tissues of the eye and invaded the orbit.

"After splitting the globe in two I preserved one-half in glycerine jelly, and it presents the following macroscopical appearances:

"The eyeball is of about normal size and is quite solid. Near the optic nerve entrance, external to but attached to the sclera, is an oblong, hard, whitish tumor twelve mm. long, six mm. wide and five

mm. thick, apparently an extension outward of the retinal tumor. The cornea is clear, anterior chamber obliterated, iris rests upon the anterior capsule of the lens and the latter appears as a small white disc, contracted so that it occupies only about four-fifths of its space within the capsule. The intra-ocular tumor springs from the retina near the optic papilla and fills about one-third of the posterior chamber. The vitreous humor, converted into a solid mass by inflammatory exudates, has undergone calcareous degeneration.

"The remaining half of the globe was hardened in formaline, embedded in celloidin and cut in sections. Owing to the large amount of calcareous material it was exceedingly difficult to cut thin sections.

"Microscopical examination shows the tumor to consist of a great mass of small, round cells, with very large nuclei and an interstitial young connective tissue, through which run numerous capillary blood-vessels. The growth of these cells is most extensive, invading, as they do, the entire retina, choroid, ciliary body, iris, vitreous humor and sclera. The small tumor attached to the eyeball is continuous through the sclera with the new growth of the retina and has the same histological structure.

"Very truly yours,

"H. O. REIK."

In looking over the latest authorities on this subject we find that these gliomata retinae are malignant intra-ocular tumors found in infancy, which start from the retina and after a period of intra-ocular growth lead, through increased pressure, to ectasia (less frequently to iridocyclitic processes, with temporary shrinkage of the eyeball), piercing the eyeball, with a constant tendency to local relapses and metastases, until they finally kill the patient in from two to three years' time.

Virchow was the first, in 1853, to describe the formation of these tumors. It was then that he inaugurated the doctrine of the neuroglia. Although such a cementing substance had been previously described by Reil, Villars and Kouffl, it was thought to be a fibrous tissue. Virchow's glia, which is now recognized by

probably all histologists, is a semi-fluid, granular cementing substance, with nuclei.

Diffuse hyperplasia of the neuroglia produces hypertrophy of the organ concerned, while circumscribed, tumor-like hyperplasia, according to Virchow, forms gliomata. Hirschberg, in 1869, emphasized the fact that the malignant intra-ocular tumors of childhood were almost always gliomata and started from the retina. He had the rare opportunity to examine specimens of the classical growths of old times, preserved by Johannes Müller in the Berlin Museum, besides having a large material from von Graef's clinic and his own practice. Even as far back as 1809 Wardrop described the origin of these growths as in the granular layers of the retina.

The tumor grows very rapidly after once piercing the eyeball, spreading from tissue to tissue with which it comes in contact. It may spread forward through the cornea or the episclera and form an anterior extra-bulbar mass, involving the conjunctiva, the eyelids and their surroundings by continuity, generally reaching the size of a man's fist or that of half of an infant's head or more before death ends its progress.

I have seen two such cases. A propagation of glioma from one eye to the other by continuity through the optic nerves and chiasm does not seem to happen. After removal of the glioma local relapses are common, their occurrence being the more likely the later the operation has been performed.

The metastases of glioma, which are sometimes found, are produced by the agency of the blood-vessels. Glioma cells have been found by Bizzozen, Thalberg and others in the liver, the parotid and submaxillary glands, in the bones of the skull, in the sternum, in the ribs, the ovaries and in the kidneys. Death, which is inevitable if not interfered with, results from marasmus or septicemia caused by the septic products of the neoplasm or from loss of blood, cerebral disturbances or some intercurrent disease. A number of cases of bilateral glioma retinae have been reported by Noyes, Collins, Nettleship and others, and I had the pleasure,

about the first of this month, of assisting my friend, Dr. Hiram Woods, in removing both eyes at one time from a child sixteen months old for this trouble. In these cases the two growths are probably two primary tumors of independent origin and not extensions through the optic nerves. In quite a number of cases operated on for glioma the patients have been seen alive and well, in good health and without the least sign of recurrent growth after an interval of more than three years from the date of removal either of one or both eyes.

It will no doubt occur to many that, granting it is possible to save life by the removal of the two eyes, would it not be better to allow the disease to run its course? Would it not be better to let the patient die of the disease than to grow up handicapped from the very outset of life by the complete loss of sight? This is an ethical question upon which we cannot decide, but life can be saved in this way. In such cases we should point out to the parents of the child this fact and leave them to decide for themselves what shall be done.

A CASE OF PARALYSIS AGITANS.—CURE.

By Nathan Herman, M.D.,
Baltimore.

READ AT THE SEMI-ANNUAL MEETING OF THE MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND,
HELD AT FREDERICK, NOVEMBER 16-17, 1898.

THE following case and its successful termination is reported to this Faculty and to the profession to call attention to a therapeutic agent which has not yet obtained the favor which its importance demands.

About four years ago a youth, aged sixteen, attempted to board a cable car in Cleveland. He slipped and fell. The car stopped and backed a short distance, coming in contact with the patient's right hip. It was thought that he was seriously injured. He was taken to a hospital. No fracture or dislocation being detected, however, he was soon discharged.

But, although he had sustained no somatic injury, his nervous system had re-

ceived a shock which apparently manifested itself chiefly in a continuous tremor of the right leg. It trembled when he stood, it continued its vibrations when he sat, and when he walked it shook—in fact, it was about as good an illustration of perpetual motion as a physician would care to see, incarnated, as it was, in a poor, homeless orphan boy.

His condition was at first not so bad as to interfere with his assuming the duties of a grocer's clerk, which he discharged for several months. But the trembling becoming worse, he was forced to resign this position and to seek medical aid. He visited several hospitals in different cities, and was subjected to various courses of treatment for upwards of three years, but without avail.

He finally, on the 15th of last March, came to the Hebrew Hospital of Baltimore. The treatment here also resulted negatively, and on May 20 the physician in charge presented him at a meeting of the Clinical Society of Maryland. He was very pale and emaciated and extremely nervous. His right leg was in such violent agitation that he could not use it at all in walking, and had to be half carried by the attendant from the carriage in which he was brought from the hospital to the meeting hall of the society. His treatment was detailed, which consisted principally of the administration of bromides, and later of the application of the faradic current and the actual cautery. He continued to grow worse, however, with rapid impairment of appetite, digestion and sleep, and increase of nervousness, and especially of the leg tremor, which had finally resulted in loss of function. It was stated by the attending physician that the further treatment of the case would probably be surgical, and, in any event, he gave a very unfavorable prognosis.

I had the privilege of criticising the treatment, of which I availed myself as mildly as possible, with the result that the case was finally turned over to me. On the 8th of June I began treatment. I saw him at noon. I had him sit on the edge of the bed, with toes resting on the floor. In this position it was impossible for him to bring the heel down to the floor owing

to violent clonic spasm of the gastrocnemius, soleus and plantaris. When the heel was brought down forcibly by the exercise of considerable pressure upon the knee the patient complained of great pain in the knee-joint. In fact, he was sensitive about his leg and could not bear anyone to touch it.

He was then laid flat on his back in bed and attempts at hypnotization begun by having him gaze fixedly at the tips of two of my fingers. He soon complained of nausea, however, which the attendant stated was not unusual after meals, frequently resulting in regurgitation of the ingesta. As he had shortly before partaken of a meal, further treatment was abstained from to avoid the threatened emesis.

On the next day I saw him at 9.30 P. M., and succeeded in producing a very light hypnosis with anesthesia by persistent passes, accompanied by suggestions; and, although scalp friction was also successfully employed to deepen the hypnosis, he could not be kept asleep for more than ten minutes at a time. He always awoke spontaneously.

During the short naps suggestions were given calculated to cause abeyance of pain and tenderness in the affected leg. As an experiment, I suggested that the tremor would be transferred to the other leg on the morrow. Catalepsy could not be produced.

On the third day I saw the patient at about the same hour. The attendant reported considerable improvement, the appetite having improved and no nausea having occurred. The hyperesthesia of the leg had also greatly abated. The patient said the other leg felt as if it were trembling. I recognized this as the result of my experimental suggestion of the preceding night, and paid no more attention to it, allowing it to wear off.

I began operations by having the patient "fix" two finger-tips, as on the first day. He soon complained of pain, which, on examination, was found due to a swollen inguinal gland. This was soon relieved by simple suggestion and hypnosis was then accomplished by optic fixation. This time he awakened only once on the entrance of a nurse, but im-

mediately dropped to sleep again on command.

For the first time a suggestion tending to cessation of tremor was given. Attempts to produce cataleptic rigidity were again ineffective.

When seen on the following night the hyperesthetic condition of the leg had almost entirely disappeared and the tremor was much less. He was hypnotized by fixation and passes, and catalepsy was produced for the first time, but with considerable difficulty.

The patient was now under such good control that the night visits were discontinued, and he was seen only during the day for the balance of the treatment. A simple command now sufficed to throw him immediately into a deep hypnotic state. But, although this was so easily accomplished by me, a single suggestion had immunized him against all hypnotic influence proceeding from others, no matter how hard they tried. This was frequently tested.

Once in the hypnotic state he was commanded to keep his leg still. The first time this command was successfully obeyed was June 13, on which occasion the leg remained at rest several times on command for about thirty seconds each time.

I should probably have stated before that the leg had been observed at rest while the patient slept even before I began treatment. It had never been observed at rest, however, while the patient was awake, and this was the first time I had succeeded in arresting its constant movement in hypnosis.

On the next day I was informed that the patient had had several fainting spells the preceding night. The patient himself told me that he could not ride in a car or carriage without getting sick, and that on the night of his visit to the Clinical Society of Maryland he had left the supper which he had eaten in the carriage. I then hypnotized him in the usual way by ordering him to go to sleep, in which state I had him repeat the following after me:

"My leg is going to stop trembling; it is getting nice and warm. I will enjoy a car ride; it will do my stomach good. I will not have any more fainting spells."

This he was required to memorize. On awaking he remembered nothing of it. But the next day, on being hypnotized, he repeated the formula from memory.

This was the treatment for several days, with the result of a constant and gradual abatement of tremor, both in the hypnotic and the waking states. It stopped completely in the hypnotic state, first, while sitting, then while standing, and, finally, while walking. Then, in the waking state, while sitting, the leg was observed at rest. But it still persisted in its oscillations while standing, and especially while walking.

One day he said to me that he frequently thinks of the cable-car accident, and it always makes him nervous. Then the following was appended to the therapeutic suggestions which he had already hypnotically memorized: "I will think of that cable-car accident and will not get nervous."

He did not accept this suggestion very readily: always saying "I will not think." etc. But he was persistently corrected each time, until one day he repeated it correctly himself without being prompted. On the next day, which was July 11, the tremor had completely ceased. The other symptoms having been corrected long before, he was declared cured, and shortly afterwards discharged.

Other aids to the treatment were occasional suggestions of bowel action *pro r_v nata*, which were generally effective; stretching of the sciatic nerve of the affected leg, which was done several times in hypnosis, the extended leg being flexed upon the trunk; change from the bromides to tonic medication, and a judicious employment of exercise, consisting of well-selected calisthenics, boxing and wrestling in both the waking and the hypnotic states. But although all these agencies were used in the course of the treatment, the real curative work was undoubtedly done by hypnotic suggestion.

To those who might ask why I did not confine myself entirely to hypnotism in the treatment of this case, thus giving a more striking proof of its value, I would reply, first, that hypnotism is past the experimental stage and that its efficacy is questioned only by the ultra-conservative

and the uninformed, and, second, that all patients are entitled to the advantage of any and all means within our power to alleviate their suffering or effect their cure, *cito, tuto et jucunde.*

In conclusion, I would refer to the effect of the last therapeutic suggestion, "I will think of that cable-car accident and will not get nervous," in finally restoring nervous equilibrium, as an indication that the tremor, which acquired its greatest expression in the right leg, was indissolubly connected with, and, in fact, founded upon a profound psychical disturbance resulting from the shock of the accident upon a highly sensitive, nervous organization, and for this reason I think I am justified in claiming that no method of treatment could have any promise of success which would not aim at restoring psychical harmony. This the hypnotic treatment alone of all others was capable of accomplishing in this case.

This claim is also greatly strengthened by the ineffectiveness of all other treatment for nearly three years and a-half.

I should like to place the following propositions before this Faculty. They may serve to give direction to the discussion with which I hope this paper may be honored, while their adoption, in my humble opinion, would serve to shed additional luster on our progressive organization:

1. Hypnotism is a powerful therapeutic agent.

a. As an adjuvant to other methods in the cure of diseases, especially such as are characterized by considerable nervous involvement.

b. As our principal reliance, all other means unaided by it proving useless.

2. No branch of medicine is of more importance, and, consequently,

3. No medical school is doing justice to its mission which does not give its students a thorough course of instruction in the science and methods of hypnotism.

A NEW GOLDEN RULE.—Professor Albert has changed the phraseology of the golden rule to read: "Castrate others as ye would that others should castrate you."

NOTES ON RECENT SCIENTIFIC LITERATURE.

By *William Lee Howard, M.D.,*

Baltimore.

I.

THE great increase of books appertaining to the different collateral branches of medicine has imposed an onerous duty on the practitioner if he earnestly desires a reading acquaintance with the trend of modern scientific thought. Works dealing with the recent researches in psychology are now founded on physiological investigation. The metaphysics of the philosophers no longer hold sway, and what has heretofore been neglected in the realm of brain function, the mind, must now be understood in all its principles by every practicing physician.

The history of medicine is now receiving attention that has too long been neglected, and able minds have turned to giving us a general and comprehensive idea of the growths, struggles, failures and successes of the various departments in medicine, and an insight into the noble lives of those who have made medical history possible.

Sociology and criminology are now congeners of the science of medicine, and books scientifically dealing with these branches should be read by all progressive and sincere medical men. Various valuable works dealing with modern investigations and studies in somatic and psychic atavism and degeneration are being put forth for the doctor, but which, unfortunately, are mostly read by the specialist. This should not be so; but the cause is not difficult of comprehension. The busy practitioner should, and can, find time to keep in touch with contemporaneous thought; but to ask him to read over the mass of material produced monthly is to discourage him to such an extent as to prevent him from reading books, and chapters of books, which he ought to read did he desire avoidance of becoming a mere medical ruminant.

The JOURNAL will undertake the laborious task to read for the busy general

practitioner, and to point out to him the principal books and their comparative value in the contemporary literature con-natural with his profession. No attempt at criticism, as literary criticism is generally understood, will be made, but non-valuable material and surplusage will be ignored, and only those works, and the parts of works, which the writer thinks will be interesting and instructing to the practitioner will be indicated and explained. Text-books will not be considered in this department. Books concerning medico-legal questions, however, will be noticed.

Every practitioner can find time to broaden his mental horizon and look upon the scientific progress which accompanies and often governs the movements of the practice of medicine. Any man who cannot find time for such reading is a poor master to himself, and a worse adviser to others. Too often the excuse of want of time is only an acknowledgment of the want of education and the complete submergence of an embryonic ambition. The lack of facilities in obtaining information regarding the continuous output of scientific books correlated to the science of medicine has been a legitimate excuse in many quarters for not being familiar with such works, but the JOURNAL will hereafter try to eliminate that excuse. No reader of the JOURNAL henceforward will have reason to exclaim with Siegfried: "Was ihr mir nützet weiss ich nicht!"

This department will be utilized as occasion demands, the plan being to keep the physician *en rapport* with the literature of the day applicable to his vocation. To the country practitioner, far from medical libraries, this department will give him an insight into the daily progress of scientific and medical thought and ideas, thus enabling him to purchase his books after he receives an idea as to their value to him in promoting mental and material advancement.

One of the most important additions to the Faculty Library is Dr. William Hirsch's "Genius and Degeneration," Appleton. When Nordau put forth his

lucid lucubrations in "Degeneration," it was at once evident to the psychologist and psychiatrist that Nordau was, first of all, a literary man; his psychiatric knowledge being subordinate to his literary acumen and technique. Dr. Hirsch is, above all things, a psychiatrist. This latter author scientifically takes Nordau's errors from the mass of mystic material and holds them up to the clear light of calm reasoning. He diagnoses and analyses the real mental condition of Nordau. Those who have read "Degeneration"—and who has not?—will profit by reading the rational reply of Dr. Hirsch to this book.

The chapters on Art and Insanity, Richard Wagner and Psychopathology, which consume a large portion of the book, may well be neglected by the reader who only wishes to grasp the ideas of the psychiatrist so far as they are opposed to the Lombroso-Nordau school. "The mental work of the 'upper ten thousand,' who are now supposed to be in a state of degeneration, has certainly not been so monstrously increased as many are disposed to think. Besides, mere work does not wear out the nervous system nearly so much as the agitations of the emotions connected with the intensification of the battle of life. These things have, as I have elsewhere shown, an important influence upon the bodily functions, especially those of the vascular system, and thus upon the entire work of nutrition." P. 327.

"The Man of Genius," Scribner. This work is by Lombroso, and is of value to the medical man so far as its chapters on the influence of climate and atmosphere, the alternations in physiological rhythms and environment deal with the somatic existence of man. Its discussions concerning the proven or alleged insanity of certain individuals of powerful mental force are decidedly interesting and ably put forth. The facts, in figures, showing the influence atmospheric conditions exert on the physical and psychical organization of man is of practical value to the physician. This portion of the book can be gone over in a half-hour's sojourn in the Faculty Library.

Society Reports.

(Continued from page 126.)

**MEDICAL AND CHIRURGICAL
FACULTY OF MARYLAND.**SEMI-ANNUAL MEETING HELD AT FREDERICK,
NOVEMBER 16 AND 17, 1898.

THURSDAY, NOVEMBER 17—SECOND DAY.

Dr. Nathan Herman then read a paper entitled "A Case of Paralysis Agitans—Cure" (see page 135).

Dr. Edward N. Brush: I would say that the case described by Dr. Herman is excellently diagnosed in the latter part of the paper, more so than in the title perhaps. The tremor being confined to one leg, I hardly think it can be called a case of paralysis agitans. I think traumatic hysteria would have been a better designation. I can hardly agree with Dr. Herman when he says that hypnotism is past its experimental stage. I have tried hypnotism myself in cases of psychical disturbance, and while I admit some temporary relief following its use, I cannot say that my cases were permanently benefited or that their development was materially changed from what it would have been without the employment of hypnotism. I think the usefulness of hypnotism is quite limited, but think it excellent in just such cases as the one Dr. Herman describes.

Dr. Herman: While thanking Dr. Brush for his kind remarks, I would state that criticism of the title is just what I expected. In the first place, the tremor was not confined to the leg, but, as expressed in the paper, "reached its greatest expression in the leg." The various authorities who have written about paralysis agitans or Parkinson's disease do not agree as to the peculiar kind of tremor nor as to its location or limitation. They do all agree, however, in denying any distinguishing etiology or pathology to the disease. They are also particular to inform us that paralysis does not necessarily mean loss of function in this disease, but only an inability to keep the limb or limbs at rest, while the case under discussion even went as far as loss of function. I think I am fully justified in diagnosing the case paralysis agitans. As for the suggestion

that I call the case one of traumatic hysteria, I would call attention to the fact that hysteria is a still less definite term; in fact, the least definite of any used in medicine. It is used to designate almost any functional derangement to which we can ascribe no adequate cause. I think we should avoid its use as much as possible. As to my statement that hypnotism is past the experimental stage, I did not wish it to be taken as literally, as Dr. Brush seems to have done. There is hardly any medical procedure or any drug which has entirely passed the experimental stage, but all are still more or less experimented with both in hospital and laboratory. What I wished to convey was that the therapeutic value of hypnotism was no longer dependent upon experimental demonstration, but was generally recognized. Its application in purely psychical cases has not been marked with very great success, however, although Voisin reports benefit in fully 10 per cent. of the cases in which he tried it, and also a considerable number of cures.

Dr. George A. Fleming then read a paper entitled "Glioma Retinae" (see page 133).

Dr. H. O. Reik: Through the kindness of Dr. Fleming I had the pleasure of preparing and studying these specimens, and they were to me exceedingly interesting. I have not before seen a glioma so large as this, nor a case in which all the tissues of the eye were so thoroughly invaded. At first I was somewhat in doubt whether it was a true glioma or whether we had to deal with a sarcoma, and I submitted the matter to Drs. Cullen, Flexner and Welch, in turn for their opinions. Owing to the large amount of calcareous matter in the degenerated areas we experienced much difficulty in cutting sections, and only one good one was obtained. This prevented us from trying any variety of special stains. After a careful study of this specimen, however, we arrived at the conclusion that it was a glioma. As Dr. Cullen has just said, there are areas which bear a strong resemblance to sarcoma, but I think a careful study of the tumor would lead anyone to the conclusion already stated.

Dr. Hiram Woods said the accepted principle in treatment of glioma is to make the diagnosis as early as possible and enucleate as soon as possible thereafter. Generally the diagnosis should be easy. Barring the inexcusable mistake of confounding the growth with lens opacity, there is but one condition apt to be taken for glioma. This is the so-called "pseudo-glioma," or inflammatory deposit in the vitreous. The pseudo-glioma is a purulent or suppurative chorioiditis. It is usually described as metastatic, the eye trouble being secondary to an acute infectious disease, generally cerebro-spinal meningitis. In his address before this Faculty last April Dr. Councilman said that at least in epidemic cerebro-spinal meningitis the suppurative chorioido-iritis was not metastatic, but the result of direct extension. In this disease of the choroid there is a history of the infectious malady, together with certain appearances of the eye. The periphery of the iris is retracted, the pupil small and irregular on account of the posterior synechiae, caused by iritis, while the anterior aspect of the vitreous mass is a dirty white or yellow, with an irregular concave surface. In glioma there are no evidences of antecedent inflammation and no history of infection. The pupil is dilated and round, and in it is seen, deep in the vitreous chamber, a convex, white mass. Sight is destroyed. It may not be totally destroyed in the inflammatory condition, but usually is. Tension is apt to be increased in glioma.

The point that Dr. Cullen has raised, regarding our course when both eyes are affected, is a difficult one, but looked at from a strictly professional point of view, admits, it seems to me, of decision different from that advocated by him. I am inclined to think that most parents would prefer to lose a child by death than have both its eyes removed, if the question were submitted in an abstract matter. I recently had this question in my practice. I saw last March a child, a year old, in whose left eye the mother had noticed a white spot. On examination there was found a growth in the left fundus, over which retinal vessels could be traced. No history of preceding disease was obtain-

able, nor was there evidence of ocular inflammation. I found a similar growth in the left eye. The case will be reported in full later, and it will suffice to say now that from this time, when the baby had sight, as shown by her running after playthings and reaching for objects, the growth in each eye advanced, sight was destroyed, tension increased, and there developed typical symptoms of glioma. The little sufferer was the daughter of a medical friend, and he declined to consider the question of operative interference when the diagnosis was first made. I sent the child to my friend, Dr. Harlan, who agreed in the diagnosis. I am free to confess that last spring I regarded the father's decision as natural and probably correct. But as the case developed, and it became evident that the baby was incurably blind and would meet a painful death, the duty of giving the child every possible chance for its life pressed itself more and more forcibly. Last month I took the baby to my friend, Dr. Samuel Theobald, and he agreed with Dr. Harlan and myself that there were present all the clinical symptoms of glioma. With the parents' consent I then removed the left eye, opened it, found the tumor and enucleated the right immediately. I have not heard yet from Dr. Flexner, who is examining the eye histologically. The chances of saving life are slight, but the baby is now in good health. The number of blind persons who have become useful members of society is too large to justify withholding efforts to save life because we know that the individual will be blind. Besides, is not the question of its character without the pale of professional opinion when there is a chance to save life?

Dr. Frank Martin then read a paper entitled "A Report of Cases of Fracture of the Skull, Accompanied with Serious Intracranial Hemorrhage, Operated Upon and Recovered."

The following papers were read by title: Dr. L. M. Tiffany, "Cure of Rectal Stricture by Operation;" Dr. George J. Preston, "The Borderland of Insanity;" Dr. Edward Anderson, "Salicylate of Sodium; Its Therapeutical Uses;" Dr. J. M. T. Finney, "Two Cases of Pylorectomy;"

Dr. Franklin Buchanan Smith, "Some Suggestions for Decreasing Mortality of Railroad Accidents;" Dr. Charles G. Hill, "Some Practical Suggestions on Auto-Intoxication;" Dr. John C. Hemmeter, "Further Contributions to Our Knowledge of Gastric Hyperacidity," and Dr. William F. Lockwood, "Diseases of the Liver, Clinical and Anatomical Notes."

The Faculty then adjourned, after passing a vote of thanks to the Frederick County Medical Society and the profession of Frederick for the hearty reception and kind treatment.

Medical Progress.

THE MARYLAND MEDICAL COLLEGE.—At the opening session of the Maryland Medical College Dr. G. Milton Linthicum made a manly and eloquent address to the students, who listened with marked attention. The reference, however, to the National Temperance Hospital, connected with this new school, was very brief and the main point of the hospital was barely noticed. He said: "In connection with the college we have the National Temperance Hospital, which, for want of time to erect a suitable building, we have been compelled to quarter temporarily in this building, with accommodations for about thirty patients. But we hope in a short time to begin the erection of a commodious hospital. This is the first hospital to be opened and run on a strictly temperance plan of treatment in the East, there being one in Chicago. Professor Branham is the father of this idea, having seen it successfully carried out in London. We all believe that in the treatment of disease alcoholic stimulants can be dispensed with in the vast per cent. of cases, depending upon the alkaloidal stimulants, and a strong, nourishing diet to carry the sick over the critical period; and as the name of our hospital indicates, this will be our manner of treatment, thereby saving our conscience the sting of making good and sober men oftentimes inebriates. We feel and hope that the good people of this land will support us morally and help us financially in this innovation of a long-established precedent in the treatment of

disease, thereby assisting in demonstrating to the world that disease can be treated just as successfully without the use of alcohol as with it. In training our students without the use of alcoholic stimulants in the treatment of disease, we send out our disciples to all the lands to carry and apply the same ideas."

In commenting on this project the Charlotte (N. C.) Medical Journal refers to it as a school of hypocrisy, and hints that the school is attempting to gain notoriety and students by currying favor with the temperance element and pretending to do what it really does not do.

* * *

TOOTHACHE.—Aching teeth usually need the dentist's attention, but there are times when the physician is called on in an emergency to stop a severe toothache. Dr. Frederick C. Coley, in the Practitioner, says that few toothaches can be cured permanently without extraction of the offending tooth. This is an extreme measure. Applications of carbolic acid, creosote, cocaine, etc., on the gum, or in the tooth, if it is a hollow one, will give temporary ease. Such remedies may be abused in the hands of the patient. Sometimes tire and worry, with loss of sleep, will cause a facial or dental neuralgia; then the following is suggested:

R. Quinin, sulphat., gr. ii.
Acid hydrobrom., m. xv.
Tinct. gelsem., m. xv.
Syrup., dr. iss.
Aquaee q. s., ad. oz. i.

This is to be taken three times a day. Phenacetine, acetanilid, exalgin and salicylate of sodium have all been used with benefit. When the pain is started from "taking cold," fifteen grains of the salicylate of sodium, to which fifteen minims of belladonna tincture have been added, will often stop the aching in one dose, which may have to be repeated.

* * *

CHANGES IN THE ORGANS DUE TO BICYCLING.—Regnaud and Bianchi (University Medical Magazine) examined the organs of three bicycle riders by means of the phonendoscope. They found that during the course of the race the size of the liver, spleen and stomach

diminished, also the quantity of subcutaneous fat. These changes were due to insufficient ingestion of food and to a considerable loss of energy, augmented by the heat, to loss of sleep and to emotion. The thoracic organs were not diminished in consequence of an afflux of blood produced by the labor. The continual movement of the limbs and pelvis, joined with the stooping attitude, elevated all the abdominal organs to a distance of from two to four centimeters. This caused an approach of the heart to the neck of from two to five centimeters. This may point to the therapeutic use of the bicycle in ptosis of the abdominal organs, in pleurisy and in exaggerated vertical position of the stomach.

* * *

A NEW METHOD OF DISINFECTION OF DWELLINGS.—Before the Berliner Medicinische Gesellschaft, meeting of March 9, 1898, Dr. Schlossmann described in detail his method of house disinfection, which is abstracted in the Medical Record. He uses formaldehyde in his apparatus, formaldehyde being the antiseptic most frequently employed during the last decade in the new experiments on this subject. In the apparatus is placed a mixture of water, glycerine and formaldehyde, which mixture is then boiled; in this wise not only the vapor of formaldehyde, but also water gas are generated in the room, and there is reason to believe that the glycerine enters into chemical combination with the formaldehyde, thus enhancing the effect of the latter. By this method and with this apparatus it has been possible to sterilize in three hours six or eight layers of gauze thoroughly soaked in pus; similar experiments with other infected material have been made, always with good results. It is not necessary to seal either windows or doors. The atomization causes a heavy, dense smell. Guinea-pigs left in the vapor die of pneumonia. This effect can be prevented by leaving some liquid ammonia in the room.

* * *

INHALATION PNEUMONIA.—In the New York Medical Journal Dr. Charles

O'Donovan of Baltimore relates an interesting case of pneumonia and bronchitis caused by the inhalation of the filling of a tooth broken in extraction. The patient, a woman, had apparently, during gas anesthesia, swallowed the amalgam filling of the tooth in the dentist's chair and developed symptoms which were at first extremely puzzling from the fact that the symptoms and signs were those of acute pneumonia, and yet the temperature was not excessively high, and later plthisis was suspected, and yet no bacilli could be found, and also the patient grew stouter. Finally, more than fifteen weeks after the accident, during a severe paroxysm of coughing, she brought up the offending substance, and after that went on to complete recovery, although the excavation in the lung from the tooth filling was a long time clearing up.

* * *

HINTS TO AUTHORS.—Ruskin, as quoted in the Medical Record, says: "Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them, and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way, and we want downright facts at present more than anything else."

* * *

AN AID TO DIGESTION.—According to the Journal of Medicine and Science, Chomel knew what he was talking about when he said that a man digests as much with his legs as with his stomach, for we know that exercise facilitates nutrition, increases the elimination of waste products, promotes appetite, and under proper conditions is an aid to digestion.

* * *

THE TREATMENT OF DIABETES.—Every week some journal advocates a new or modified treatment for diabetes. In the Medical Record Dr. Abraham Mayer makes a preliminary report of his success with the use of mercury bichloride in this disease, and records a number of cases both improved and cured. He urges the profession to give it a trial.

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MARYLAND MEDICAL JOURNAL.

Fidelity Building, Charles and Lexington Streets.

BALTIMORE, MD.

WASHINGTON OFFICE:

Washington Loan and Trust Company Building.

BALTIMORE, DECEMBER 17, 1898.

THE public gets at truths by running fads. Now one theme is taken up, now another, and tremendous enthusiasm is excited concerning it. Results **Looking Backward.** more or less valuable are attained; then another theme becomes the rage, and the last is forgotten by all except a few plodders until, if it be unusually interesting, its time comes round again.

At present the public, in its more fashionable set, is making an amateur study in heredity. A large portion of the said public being unmarried, and having therefore little interest in its grandchild, has suddenly remembered that it must have had a grandfather, and, indeed, co-relatives of the past in various degrees of propinquity.

The excitement which has followed this important discovery is most extraordinary. Not satisfied, as of old, in hanging its housewalls with more or less accurate portraits of alleged ancestors, the public has suddenly become intent on unearthing the private biographies of the deceased, regardless of the fact that the German phrase, "the blessed dead," is an euphemistic term not always historically exact. The biographer-historian is, of course, delighted, the humorist gets many a sly laugh at the public's unexpected finds, while the cynic insists that snobbery is on the increase

and that the money spent in this resurrection business and on clubhouses for its promotion might better be devoted to the needy poor who never had a chance to have any ancestors at all, and to other necessities of the present hour.

The medical man deems it all very interesting, and hopes that a deeper respect for the laws of heredity and a graver sense of the responsibilities of ancestry to progeny will be left when the fad blows over.

The charity organizer has already found that not poverty, but persistence in vice, is the progenitor of that morally, mentally and physically degenerate, called pauperism. The public is now learning the complemental fact that piety, industry, self-culture, self-control, which unite in the true gentleman, can be traced down the blood-stream for many generations.

* * *

IN looking over the advertisements of a medical journal there is seen not infrequently

The Value of a Practice. notices that the practice of a certain doctor is for sale, with a description of the good-will and the more tangible property. The tangible property of anyone usually has some recognized value, but the good-will is too often worth nothing at all, or perhaps so little that it can hardly be estimated. In a city such a thing as transferring the good-will from one person to another is almost impossible, unless the physician who made the practice and accumulated the good-will trains up an assistant or successor and transfers the good-will while it is actually of value. The physician looking for a good thing had better beware of those who sell practices, and such transactions should not be closed until a fair trial has been given.

There are many instances in which the father or relative so gradually passes his practice, case by case, to his son or other relative that in the transfer no great change is noted. At the same time such a natural successor must be possessed of a certain amount of skill and intelligence to be able to take what is given him. The choice of a physician depends on many things, and strange as it may seem, evidences of professional ability do not seem to rank as high in the eyes of the public as ability to please in many little ways. This means that the successful physician must have skill, but much more should he be tactful and a close student of human nature.

Medical Items.

We are indebted to the Health Department of Baltimore for the following statement of cases and deaths reported for the week ending December 10, 1898:

Diseases.	Cases Reported.	Deaths.
Smallpox.....	..	..
Pneumonia.....	..	36
Phthisis Pulmonalis.....	2	13
Measles.....	3	..
Whooping Cough.....	1	..
Pseudo-Membranous Croup and Diphtheria.	54	11
Mumps.....	..	..
Scarlet Fever.....	6	..
Varioloid.....	..	..
Varicella.....	1	..
Typhoid Fever.....	13	1

The American Chemical Society will hold its next meeting in New York on December 27.

Dr. Grubi, the eccentric Hungarian physician, died in Paris recently, aged eighty-nine.

The Mary Washington Hospital is soon to be built at Fredericksburg, Va.

Mrs. Augustus D. Julliard has given \$32,000 for another floating hospital for New York. Last summer 61,000 mothers and children were given an outing by the St. John's Guild.

Dr. Henry Campbell Doughty of Augusta, Ga., died in the twenty-sixth year of his age from tuberculosis contracted from inhaling the bacilli in the laboratory.

Dr. Harry G. Beck, 829 East Chase street, Baltimore, has been appointed vaccine physician for the eighth ward, vice Dr. H. F. Cassidy, resigned.

Dr. T. B. Huzza, a prominent physician of Atlanta, died last week in New York after an operation for appendicitis.

The members of the Boston Medical Library are making plans to raise money to erect a new building.

A Protestant clergyman near the Rhine has started a mud cure, according to which he makes his patients wallow and sleep in the loamy clay and then walk about stark naked. It is needless to say that he has a large number of followers.

At the last annual meeting of the Medico-Legal Society of New York Dr. William Lee Howard of Baltimore was re-elected one of the vice-presidents. Dr. Howard represents the State of Maryland in the society, and will shortly address the society on the "Legal Responsibilities in Alternating Personalities."

Sir William Jenner, physician in ordinary to the Queen of England, died last Monday. He was born in 1815, and was president of the Royal College of Physicians from 1881 to 1889. He had written much on typhus and typhoid fevers, and first made a clear distinction between the two diseases.

The Berlin government has appointed a number of school doctors, whose duty it is to examine into the mental and physical condition of the pupils, see what they can stand and if they are free from disease. A periodical visit to the homes of the pupils is also necessary.

The International Medical Congress will open in Paris August 2, 1900, and will close August 9. The entrance fee is \$5. The congress is divided into five sections. Two general meetings will be held, one on the opening day and one on the closing day. French is the official language, but English and German may be used.

The State Board of Health of Connecticut has issued a circular for public information on "Consumption—Its Cause and Means of Prevention." The board, believing that any effort to restrict and control the prevalence of consumption will be a failure without the hearty and intelligent co-operation of the public, hopes that the information which it gives will awaken an interest which will bring practical results.

The Baltimore County Medical Association met last Thursday at the Baltimore Medical College. Dr. S. K. Merrick made an address on "Some Observations and Foreign Bodies in the Upper Air Passages," and Dr. J. D. Blake spoke on "Some Recent Work in Operative Surgery." The executive committee has arranged to have the meetings during the winter months at the various medical colleges in Baltimore, and interesting programmes have been arranged, with a view of increasing the attendance. Dr. Charles G. Hill is president of the association, and Dr. L. Gibbons Smart, secretary.

Washington Notes.

Dr. E. Oliver Belt has removed to No. 922 Seventeenth street N. W., Farragut Square.

Diphtheria has made its appearance at the German Orphan Asylum.

Dr. S. Clifford Cox, assistant surgeon First D. C. I. U. S. V., has passed the required examination and will be commissioned surgeon of the naval battalion.

At the Homeopathic Medical meeting last week Dr. J. B. C. Custis criticised Dr. C. L. Bliss for reading a paper upon "Antistreptococcus Serum" before the society. He insisted that such subjects were out of place at a meeting of the Homeopathic Society.

At the sixth meeting of the Washington Academy of Science, Wednesday evening, Dr. Samuel C. Busey, president of the Medical Society, delivered the annual address. His subject was "The History and Progress of Sanitation of the City of Washington, and the Efforts of the Medical Profession in Relation Thereto."

At the American Chemical Society meeting last week a paper was read entitled "The Estimation of Nicotine." The paper was prepared by E. A. De Schweinitz, J. A. Emory and F. K. Cameron. Dr. De Schweinitz read a report on his experiments with serums for hog cholera.

Mrs. Eliza Dashiell, a resident of Washington for the past sixty years, celebrated her 100th anniversary Saturday afternoon. She is a daughter of John Hopkins of Somerset county, Maryland, and was born in Baltimore December 10, 1798. Though somewhat weak physically, her mental faculties are unimpaired. Her hearing is slightly affected, but she is still able to read without glasses.

The following nominations have been sent to the Senate to be assistant surgeons in the army: Clyde S. Ford of West Virginia, J. H. Ford of District of Columbia, P. M. Ashburn of Ohio, E. A. Dean of Tennessee, Walter Cox of Maryland, R. B. Westredge of Iowa, F. M. C. Usher of Kentucky, G. L. Steer of Pennsylvania, W. F. Fruby of Pennsylvania, F. F. Russell of New York, E. P. Wolfe of New York, E. W. Pinkham of Massachusetts, D. P. Williamson of Missouri and C. E. Morrow of Virginia.

Book Reviews.

A TEXT-BOOK OF MATERIA MEDICA, THERAPEUTICS AND PHARMACOLOGY. By George F. Butler, Ph.G., M.D., Professor of Materia Medica and of Clinical Medicine in the College of Physicians and Surgeons, Chicago. Second Edition, thoroughly revised. Handsome Octavo Volume of 860 pages, illustrated. Prices, cloth, \$4 net; sheep, \$5 net. Philadelphia: W. B. Saunders. 1898.

The appearance of a second edition of this work shows that it has created a demand, in spite of the many works on the subject and the difficulty of investing any originality in such a work. It is divided in a convenient manner for study and reference. The newer branches of therapeutics are taken up: serum therapy is thoroughly considered, and the therapeutics of nuclein are fully explained. The book is up to the times and is a valuable aid to the physician. It contains also a very full list of all the newer remedies, which is very important. The more difficult words are accented to show their proper pronunciation. The book is a handy little guide, and will receive the welcome of the first edition.

REPRINTS, ETC., RECEIVED.

Present Status of Serum Therapy. By Geo. W. Cox, M.D. Reprint from the *Journal*.

Illustrated Announcement of the Harvey Medical College, Chicago. 1898-1899.

The Use of Quinine in Malarial Hemogloburia. By Albert Woldert, Ph.G., M.D. Reprint from the *Medical News*.

The Use and Dangers of Cocaine. By W. Scheppegrell, A.M., M.D. Reprint from the *Medical News*.

Golf from a Neurological View-point. By Irving C. Rosse, A.M., M.D., F.R.G.S., Washington, D. C. Reprint from the *New York Medical Journal*.

Kryofine. Observations made at the Clinic of Professor Eichhorst in Zurich. By Eugenie Back. Reprint from the *New England Medical Monthly*.

Favorable Results of Koch's Tuberculin Treatment in Tubercular Affections that are not Pulmonary. By Charles Denison, A.M., M.D. Reprint from the *New York Medical Journal*.

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Original Articles.

CASES OF MASTOID DISEASE

By *Hiram Woods, Jr., M.D.,*

Clinical Professor of Eye and Ear Diseases at the University of Maryland; Surgeon at Presbyterian Eye, Ear and Throat Charity Hospital, Baltimore, Md.

REPORTED AT THE MEETING OF THE CLINICAL SOCIETY OF MARYLAND, NOVEMBER 4, 1898.

In a general way diseases of the mastoid region may be divided into external and internal mastoiditis, involving the outer cortex or periosteum, primarily or secondarily, or causing destructive lesions in the pneumatic cells of the process. Again, the latter must, for purposes of study or proper treatment, be viewed from the standpoint of the tympanitic disease which has caused the mastoid trouble. Its acuteness or chronicity, the condition of the tympanum, age of the patient, action of former methods of treatment, enter, among other factors, in determining therapeutic means. Of all varieties the most important and interesting are the suppurative processes occurring in the pneumatic cells during an acute or chronic suppurative otitis media. Of these my hospital associates, Drs. Crouch and McConachie, will speak presently and show illustrative cases. I want to report four cases, which are interesting partly from their rarity and partly from the symptoms which accompanied the mastoid changes:

Case 1.—Primary Periostitis of the Mastoid Cortex.—Miss R., aged twenty-four, a healthy girl, came to my office June 16, 1897, for relief from earache on the left side of one week's duration. In infancy Miss R. had suffered from otor-

rhea of the right ear, the drumhead of which was cicatrical from old perforations. Hearing for the watch in this ear was *nil*. It was normal in the left, or painful, ear, tests and examination failing to show any sign of otitis media. There was, however, on the posterior wall of the canal, near the junction with the superior and at about the termination of the cartilaginous meatus, what looked like a furuncular swelling. It was incised with a sterilized knife, but no pus was obtained, nor was there relief from pain. Aristol ointment was applied. Miss R. saw me early the next morning. She had passed a bad night. The temperature was 101—half a degree higher than on the previous day, and pain severe. The auricle was now pushed forward, the canal partly closed by swelling of the post-superior wall, the mastoid cuticle reddened, and along the junction of the auricle there was a suspicion of fluctuation. In view of the exclusion of middle-ear disease the previous day, diagnosis of external periostitis was readily made.

It might not have been so easy had the case now been seen for the first time. The same afternoon, at the patient's home, I incised the posterior canal wall, under ether, and cut along the mastoid from tip to near top of auricle, following the auricular attachment. The mastoid cortex was examined and nothing found save a roughness of the anterior surface leading from the mastoid plane into the canal. Here the periosteum was detached. I am inclined to regard this periostitis of the mastoid as the primary trouble and the supposed furuncle in the canal as secondary—an effort of nature, possibly, to drain through the canal. It is very improbable that so much misfortune could follow so quickly the incision

of a simple furuncle. Again, the painful symptoms had lasted a week and the incision brought no pus. This was against the diagnosis of furuncle. On the other hand, an extensive redness of the post-superior wall could have easily escaped notice behind the "furuncle." There was no history of injury, and the cause of the periostitis I was not able to make out. Recovery after operation was prompt.

Case 2—Acute Suppurative Otitis Media, Supra-Cortical—Collection of Pus (Dissecting Tympano-Mastoid Abscess), Evacuation of Pus, Without Entering the Pneumatic Cells—Recovery of Both Mastoid Abscess and Otorrhea.—Early in June last a female child, three years old, was brought to my clinic at the University Hospital with acute suppuration in the left middle ear of a few days' standing. My assistant, Dr. Edward E. Gibbons, found a small perforation in the upper and posterior angle of the drumhead. The otorrhea was not profuse. Two days later swelling of the superior canal wall was noted. There was not much pain. In two more days (the child being "nursed along" for my clinic) a large post-auricular fluctuating swelling was present. I found a scanty otorrhea, swollen superior canal wall, mastoid swelling, the size of a large walnut, and protruding auricle. View of the drum membrane was unobtainable. Under chloroform this swelling was incised, giving vent to two drachms or more of pus. The external wound was continued from the tip to above the auricle. The cortex was carefully examined. No carious point or fistulous opening into the cells was found. The abscess cavity lay along the superior posterior wall of the canal and the mastoid plane. With no other treatment save warm-water syringing the abscess and otorrhea recovered.

Before stating my reasons for classifying this case as belonging probably to the dissecting tympano-mastoid variety, it may be well to say a word about this form of mastoid disease. So far as I know it was first described by the late Dr. Sexton of New York. In his work, "The Ear and Its Diseases," published in 1888, he says:

"In acute inflammation of the attic, un-

less a regressive course is established, the secretions are liable to become imprisoned by closure of the outlets; this, together with extension of periosteal inflammation outwardly along the roof of the adjacent canal, is attended by infiltration or suppuration, the membrana flaccida and adjacent integument becoming red and tumefied. * * * The secretions now seek an outlet from the attic in this direction, distending the tumor more and more. There is not the tendency to rupture of the sac thus formed as when the lower portion of the drumhead is distended, since the former is not only much thicker, but, being loosely attached, permits secretions to easily burrow underneath."

The liberated secretions now dissect their way out, first along the osseous wall of the canal and then over the temporal bone in various directions, most frequently, however, posteriorly. In this manner the formation of what is known as a dissecting tympano-mastoid abscess takes place. These dissecting abscesses, in the writer's own experience, occur most frequently in young children, as would be expected, when the loose attachment of the drumhead to the auditory plate at this age is considered. In such cases the canal and the periauricular region sometimes swell up rapidly and subside again as quickly without abscess formation. The nearest approach to this description which I have been able to find in other authors is the following from Dench, "Diseases of the Ear:"

"In children the presence of pus beneath the integument in the post-aural region does not of necessity indicate a perforation through the cortex. In these young subjects a collection of fluid within the tympanic vault frequently makes its way along the superior wall of the canal, gaining exit from the cavity through the Rivinian segment by dissecting the soft parts away from the bone in this location. In very young infants this is by no means uncommon, while in children over ten years of age it is occasionally met with."

I do not think that this pathology of post-aural collections of pus, without lesion of the mastoid cortex, during the course of acute suppurative otitis media,

is as generally accepted as is the explanation that infection reaches the soft parts over the cortex through the lymph channels, perforating the cortex from the cells. (Since reporting at the Clinical Society on November 4 I have written Dr. Dench about this class of cases, and he replies that while recognizing the pathology of the dissecting abscess, he looks on any post-aural collection of pus in acute otitis media suppurativa as indicating the operation of opening the cells to the antrum, on account of the impossibility of knowing that they are not diseased and the great probability that they are.)

My reasons for considering the abscess a dissecting one, then, were the high perforation noted by Dr. Gibbons, the subsequent swelling of the superior wall, and collection of pus on the mastoid, the site of the abscess on the mastoid plane and the post-superior wall of the canal, and the absence of a sinus in the cortex. The cortex in children of that age is very thin, and usually breaks down if there is inflammation in the cells. Sexton's description seems to refer chiefly to the course before perforation of the drumhead; but the cause, as he gives it, is "closure of the outlets." This may occur as well after an otorrhea has been established as before. Hence, I did not attach importance to the presence of otorrhea before the mastoid abscess. My patient recovered with simple drainage of the abscess. Dr. Sexton told me some years ago, when I met him in New York, that he thought such abscesses in children usually recovered without more operative treatment than I have described. Dr. Dench, in his letter to me, gives a strong argument for more radical procedures. We cannot say what is the condition of the cells until they are opened, and a post-aural collection of pus is very suggestive.

But the case I have mentioned is not an isolated one. I have seen many of them in my own and Professor Chisolm's practice, and it has been the exception for them not to recover. I have twice seen these tympanic exudates creeping along the superior wall from the attic in adults, with evidence unmistakable of attic catarrh, and cured them by early in-

cision in the canal near the drumhead. There is plenty of clinical evidence that in many cases simple evacuation cures. The convalescence is much shorter than if the cells are opened. Provided the case can be kept under observation, and there is as much reason to think as there seemed to be in the case I have cited, that the course of infection is outside, I have never been able to convince myself that it is wrong to operate upon young children as indicated; being prepared to go farther on the first indication. Continued elevation of temperature, pain, or even delay in recovery, would indicate the need of radical procedures.

Regarding the extent of our operation in acute mastoiditis, while no tissue manifestly diseased should be left, there is a class of cases in which it is at least a question as to whether or not the antrum should be entered. I mean the pus accumulation in the vertical portion of the mastoid, which, according to Politzer, usually finds its way to the surface by a depression or opening in the cortex "three-quarters to 1 cm. behind the osseous meatus and about one cm. above the lower point of the mastoid." According to my own limited experience, one finds these abscesses chiefly among children. After evacuation of the pus outside the cortex the probe finds a depressed spot, and this leads into a cavity of necrotic tissue, which yields readily to the spoon. Soon the tissue becomes more resistant. Should we only clean the abscess cavity, or go on to the antrum?

We are to bear in mind that the mastoid antrum is affected in practically all cases of suppurative otitis media, but that only a small number require special treatment. Speaking of his own experience, Politzer says:

"Almost without exception there was no communication between the abscess and the mastoid antrum in the large number of cases operated on by me. The establishment of an opening between the two is not wished in any case of acute middle-ear suppuration, as the wound, which is disinfected after scraping, would become infected by the pus from the antrum."

I believe that the present prevailing opinion on mastoid surgery is that anything short of establishing a free communication between the mastoid abscess and the antrum, even in acute mastoiditis, is insufficient. I am not prepared to accept this as a general surgical principle. The physiology of the ear must be, and we know is, affected by extensive operation. If vital indications are present, as they sometimes are in acute, and frequently are in chronic mastoiditis, we cannot hesitate. But in their absence, if an operation which does not enter the tympanic cavity is enough to cure the mastoid complications and the otorrhea, it is all that is necessary.

(Dr. Woods also reported two cases of sclerosing mastoiditis, with somewhat unusual symptoms. As the discussion at the Clinical Society following his paper and the presentation of cases by Drs. Crouch and McConachie, was confined to suppurative mastoiditis the publication of the sclerosing cases is postponed to a later issue.)

ON THE USE OF POULTICES FOR THE RELIEF OF PAIN IN PLEURO-PNEUMONIA.

By *Charles O'Donovan, A.M., M.D.,*
Baltimore.

MANY cases of pneumonia run their course with little or no pain, while others cause great suffering from pain alone: cases in which the pain is the only thing complained of, obscuring the fever, the cough, even the oppression of respiration. This pain is always pleuritic in its origin, and is described as extremely severe, of a cutting or stabbing quality and is very difficult to relieve. Large doses of anodynes are not always desirable, nor are any of the coal-tar products to be used hastily; counter-irritation, though sometimes efficient, frequently fails to relieve; changes in posture rarely give much comfort, rather increasing than decreasing the pain.

Though it is decried by many reporters as unscientific and to be avoided, yet considerable experience enables me to state

that I have found more comfort follow the use of a hot poultice, frequently changed as it cools, in such cases than any of a number of different remedies that I have tried and discarded. I cannot say how the soothing action is exerted, whether directly or by reflex action, but I have used the poultice too often, with the happiest results, not to be able to recognize it as a serviceable remedy, readily attainable and efficient in action.

I do not speak now of any effect upon the progress of the pneumonia, but solely of its action in relieving the sharp pleuritic pain that is so often a concomitant. Thus, on February 2, 1897, I attended a young woman, aged twenty-five years, who had pneumonia in the right lung, with a temperature running from 103° to 104 1-5 and a pulse rate of about 120 throughout the attack, which involved only the upper half of the lung. With it she had a most agonizing pain just above the right breast, where the pleura was involved.

I gave her several hypodermics of morphia, which eased her only for a few hours, but did not break up the pain, and it was not until she was told to apply a succession of hot poultices of flaxseed meal that she succeeded in obtaining satisfactory rest. The morphia made her constipated and nauseated her, interfering much with the course of her illness; the poultice, on the other hand, relieved her equally without any such ill-effect.

In another instance a young man of nineteen years developed pneumonia in his left lung, accompanied by an extremely severe pain just below the region of the heart, which made it impossible for him to sleep or even lie down flat in bed. He obtained almost entire cessation of pain after the first application of the poultice, and although the pneumonia ran a very slow and obstinate course, with successive developments of pleuritic pain in various places, yet he invariably obtained relief from the use of poultices.

These are but single instances of similar cases, of which I have notes, whose recurrence must convince one that there is more good to be had from the simple, old-fashioned remedy than modern reporters are willing to admit. Against the

poultice is urged the likelihood of its growing cold and chilling the surface, but this must be the care of the nurse; also that it is clumsy and uncomfortable to the patient from its bulk, but this is not true, for the sufferer desires above everything at that time to be relieved from the pain which every breath gives him, and welcomes the soothing warmth of the poultice, not because it is esthetic or thoroughly scientific, but because it gives him ease and enables him to breathe.

I have been led to present this paper from a similar experience that has just fallen under my observation. A young man, aged eighteen years, had an acute pneumonia affecting the whole left lung, and with it an amount of suffering that was most trying. The pain was greatest just below his left nipple, and, being near his heart, naturally caused him intense uneasiness. He showed no heart involvement whatever, either endocardial or pericardial, but a dry friction sound with inspiration could be detected. He had considerable fever also, averaging 103°; so acetanilid and quinine were given him when he was first seen, but it had no effect whatever upon the pain, which grew much worse during the day.

In the evening, finding him tossing restless and in agony, and with no prospect of sleep, I ordered one-quarter grain of morphia in solution, to be repeated in the night if it should be required. He had some relief, and slept fairly well, but all the next day he was vomiting so that several teaspoonfuls of blood were mixed with the mucus ejected. As the effect of the morphia wore off the pain returned in full severity, cutting him severely with each inspiration. Hot poultices were then applied, and no anodynes were allowed, giving rapid relief, so that he slept the next night far more comfortably and had no more nausea. From that time he progressed favorably and made a good recovery.

These few cases could be increased by others from my notes, but they should be sufficient to convince one of the great utility of poulticing in properly-selected cases. If it is correctly made and spread between cloths a poultice is neither

clumsy nor dirty; it can be removed readily when the fresh one is to be applied, and if covered with oiled silk and an external covering of flannel be used it will retain its heat for four or five hours without renewal.

NOTES ON RECENT SCIENTIFIC LITERATURE.

By William Lee Howard, M.D.,

Baltimore.

II.

DEGENERACY: ITS SIGNS, CAUSES AND RESULTS. By Eugene S. Talbot, M.D., D.D.S. Contemporary Science Series. Charles Scribner's Sons.

It is a relief to get away from the Lombroso-Nordau school of degeneracy that we considered last week and find we have a new book on degeneracy in which scientific accuracy is its *motif*.

Since Morel wrote his book there has been no systematic work on degeneracy, the books on this subject which of late have attracted so much attention having teemed with psychical fancies and toyed with physiological facts. Whether Wagner was a psychopath, with abnormal sexual tendencies, or Goethe a dreaming philosopher, ever on the hunt for confiding virgins, or Schopenhauer suffered from *folie de doute*, is but of passing interest to the busy medical man. With the fads, fancies and foibles of the ever-changing "upper ten thousand" he has but little time to devote, and it is of no scientific value to him whether Huysman is a decadent, or Ibsen's mental attitude is determined by three fundamental ideas of Christianity. But of such puerile personalities and psychical peculiarities have we had to read, and after all this to find a fresh, systematic, accurate work, founded on anatomical and physiological bases, such as Dr. Talbot has given us, is indeed a profitable satisfaction.

There is not a page or chapter in this book that the physician can afford to slight. Its conciseness, its clearness in expression and systematic arrangement of subjects allows the reader to absorb

its facts and principles without waste of time.

Among the chapters of special interest are those on heredity and atavism, on consanguineous and neurotic marriages, school strain, degeneracy of the teeth and jaws and degeneracy of the brain.

Without going into further details of this valuable work a study of the following exhibit will give the reader an idea of the ground covered by Dr. Talbot. The following gives the chief expression of degeneracy classified according to the system affected:

Ethical.—Crime and vice; prostitution and sexual degeneracy; moral insanity, pauperism and ineptiety.

Cerebral — Intellectual.—Paranoia; hebephrenia; periodical insanity; insane tendencies; epileptic insanity; hysteria; neuroticism; one-sided genius; idiocy and imbecility.

Sensory.—Congenital eye deformity; deaf mutism; smell anomalies.

Spinal Degeneracy.—Hereditary and congenital disorders.

Nutritive Degeneracy.—Exophthalmic goiter; lymphoid abnormality; acromegaly; tissue instability; adenoids; ichthyosis; myxedema; plural births; bleeders; cancer; excessive fecundity; gout and allied states; early lipomatosis.

Reversional Tendencies.—Jaw abnormality; cleft palate; hare lip; teeth abnormality; organ abnormality; primitive uteri and allied male states; cloaca and allied male states; kidney abnormalities; liver abnormalities; amelia, polymelia, club-foot, etc.; muscular and bony abnormalities.

Lombroso states in his work, "The Man of Genius," that yellow is the color most affected by insane artists and writers. It is well to remember that his studies were made before the advent of "yellow journalism."

AMYL NITRITE IN DIABETES INSIPIDUS.—Dr. Ernest F. Clowes, house physician of the Royal County Hospital, Winchester, reports in the Medical Record the successful treatment of diabetes insipidus with this drug. There was a gain of ten pounds in weight.

Society Reports.

THE CLINICAL SOCIETY OF MARYLAND.

MEETING HELD NOVEMBER 4, 1898.

THE meeting was called to order by the president, Dr. J. W. Lord.

Dr. Randolph Winslow reported a case of "Gastro-Enterostomy." This man has been suffering with malignant trouble of the stomach, and I performed the operation of gastro-enterostomy upon him. He had been suffering for fifteen months before I saw him. Had not much pain, but vomited after the ingestion of food, sometimes for several hours, and, as a consequence, became reduced to a skeleton. He is not corpulent at present, but compared with his previous condition is now quite fat. There was a considerable growth to be felt in the epigastrium. There is nothing extraordinary in the case, except that it shows the good result of a conservative operation.

You will remember that in a carcinomatous condition of the pylorus this entrance becomes closed, so that no food passes through it. In consequence the food which is taken into the stomach accumulates there and after some hours is regurgitated, the stomach usually becoming after a while considerably dilated. Of course, in these conditions the patient emaciates very rapidly, has pain, vomiting and marked constipation.

I opened the abdomen five weeks ago for the purpose of doing a gastro-enterostomy, or of excising the growth, as the case might be. Finding the growth too far advanced to remove it, I did the first operation. The growth involved a considerable portion of the stomach, so the jejunum was taken from the point where it crosses the spinal column, and a loop of it was brought up and attached to the stomach. The original operation was to seize the first loop of the intestine that came to hand and attach that, but it was subsequently found that the piece pulled up might not infrequently be almost as far down as the ileo-cecal valve, and by pressure upon the colon would produce a gangrene. To modify that Van Hoef-fer, the second assistant at Billroth's clinic, proposed to make an opening

through the mesocolon and attach the loop of intestine to the posterior part of the stomach. That is what I did in this case. Placing one row of sutures, I introduced a Murphy button and enclosed that with another row of sutures. The button remained in situ for some time and was passed per anum on the 23d day.

His vomiting ceased immediately. He took food by mouth on the third or fourth day, and in a short time was taking solid food. He now eats anything he chooses and digests it. The cancer is still there, and the man will die after awhile, but in the meantime he will have a certain length of comfortable existence.

Dr. Pearce Kintzing: I had a very interesting case of cancer of the stomach pass away two weeks ago tonight. The growth was over the cardiac orifice and extended up six or eight inches into the esophagus. It looked like and felt like an inverted funnel. The man was at work and felt no inconvenience up to three weeks before he died. He came to me one week later, and in attempting to wash out the stomach I felt the growth. After his death I obtained the pathological specimen and still have it. A peculiarity of the case was the extreme smallness of all the organs of the body. The heart was the smallest I have ever seen, although he was a man of more than six feet. The other organs were likewise small, and there were metastases in the liver and spleen.

Concerning the Murphy button, Dr. Trimble and I introduced one in a patient on the 12th of August, and it has not been passed yet, although the patient has been carefully watched.

Mr. John R. Cary made some remarks on "An Effort to Furnish Proper Diet to the Sick Poor." I am very much obliged for the opportunity of introducing this subject tonight. I have a recollection that at some time or other a doctor told me that in dealing with a special disease he dealt generally with the patient to restore him to good general health, and it is in that way I shall treat this subject. This afternoon a paper came to our office, written by a doctor, who had a patient whom he believed to be in destitute cir-

cumstances, and requested him sent to the police station. I hope the day is past when sick people shall be referred to the police.

I want to tell you that the Association for the Improvement of the Poor, though forty-nine years old, has been treated to the operation of blood-letting, some old blood being let out and some new taken in, and we are prepared to receive and answer such requests as the above. It will be done, too, without any hesitation or any fuss.

The particular matter I wish to call to your attention is the matter of diet for persons in extreme illness and who are too poor to obtain it themselves. A number of times our attention has been called to cases where there was great difficulty in procuring proper diet, and to meet that need I spent some time this summer in ascertaining how it was done in Boston. I believe I can tell you how it can be done without the great cost of the Boston Diet Kitchen. We shall furnish directly from the wagon of the Fils-ton Farm the best milk furnished directly to the cases that we are justified in so supplying. It shall be the best milk of this dairy, the same they furnish to my house or to yours, and two quarts daily will be delivered, the order to be renewed as long as necessary. The reason I ask your attention to the matter is that we hope you will assist us in getting hold of the cases that need help. I know there are very few physicians that do not have a great deal of work to do among the poor, and you probably all meet with cases where, if you were sure that good milk and eggs could be delivered to them, you would feel more certain of their ultimate recovery. It is not difficult for us to get hold of the chronic poor and the beggars, but what we want to get hold of is the shrinking, retiring and deserving poor that are always neglected by the police department.

Our telephone number will be 3384, or you may address a postal card to No. 4 West Saratoga street, simply telling us that there is a case at such and such a place, and we shall be glad to attend to the order promptly, and, if you wish it, we will report to you what has been done

in the matter. If the case turns out to be a fraudulent one you should be advised of it, and if it is a worthy case you will be glad to hear that it is getting attention. We want to do the best work that can be done and want to reach the people that are not easily reached except with the aid of the physicians, and we have confidence in doing this that you will not impose upon us. Our special efforts shall be to feed the sick and the convalescent, but not to continue feeding poor people.

Of course, we do not do this sort of thing without expense, and we have no magic means of coining money; so when you are dealing with patients that are able to pay and are interested in such a charity if you can induce them to co-operate with us by contributing to the cause it would help us very much.

Dr. Lord: I am sure we all feel very much indebted to Mr. Cary for the information he has given us and for the assistance he offers the profession in their work amongst the poor.

Dr. Herman: Mr. President, I move a vote of thanks to Mr. Cary for his kindness in presenting this subject to the Clinical Society.

The vote was unanimously passed.

Dr. Hiram Woods then made some remarks on "The Mastoid Operation" (see page 147).

Dr. J. Frank Crouch spoke of "The Mastoid Operation, with Exhibition of Patients."

Dr. A. D. McConachie also spoke of "The Mastoid Operation, with Exhibition of Patient." I have a patient here that exhibits some peculiarities—a young man, about seventeen years of age, who had had a discharge from the ear since childhood. He came to me on August 29 with the history of having had a chronic otorrhea which had existed for a long time. The tympanic membrane was entirely gone and the external canal was partially filled with cholesteatomatous matter. I removed the malleus and incus under cocaine. He went home and back to school. There was no evidence of redness or swelling over the mastoid, but there was some tenderness. I hoped that the cavity would drain itself and that he

would remain comfortable. After staying at school for some time, however, he was taken suddenly with pain in the ear, and on the 5th of October came to the city again, with a temperature of 105.5°. On admission to the hospital he had no phenomena pointing to mastoid abscess. There was very slight redness, very little tenderness, but below the mastoid, in the neck, there was evidence of pus, which was gravitating down the neck and possibly had produced metastases elsewhere. Antiphlogistic measures were adopted, but as his condition had not improved by the next day he was prepared for operation. The usual procedures were gone through with and the mastoid was opened. On the evening after the operation the temperature was 101°, and it remained low for one week, when it suddenly shot up again. The cause of this was that no opening into the neck region had been made. The reason why this was not done was that I found the bone perfectly dense and no communication between the mastoid and the exterior. I opened into the lateral sinus which had been exposed by the morbid process, and there was considerable hemorrhage, which was not easily controlled and which delayed further operation. I also opened a vein in the mastoid which communicates with the lateral sinus and which is said not to exist in all cases. The field of operation was cleansed, the wound packed with gauze and left until the next day.

When the dressing was removed there was evidence of pus still coming from the region of the lateral sinus. When the temperature went up at the end of a week the incision was extended downwards into the neck, the sternocleido-mastoid muscle was separated from the mastoid tip, the latter removed, and the temperature next morning was down to normal. He is now gaining in flesh and seems perfectly comfortable. The discharge from the ear has almost stopped and his hearing is as good as when I first saw him.

Drs. Woods and Crouch have gone over the operation as regards its pathology. We can have external mastoiditis or internal mastoiditis, and as we differ-

entiate between these our methods of treatment must differ according to the location of the disease. I think the symptoms that point to the involvement of the mastoid are not much swelling, edema or redness, but the phenomena we most depend upon are pain as spoken of by the patient and pain as elicited by pressure localized over the region of the mastoid antrum, sometimes by pressure upon tip of the mastoid. I had a talk with Dr. Macewen some years ago, when he laid great stress upon the point of pain on pressure over the tip and especially over the region of the antrum. The temperature may vary. This boy had a high one, but it may run from 99 to 105.

A suppurating ear presenting itself to any doctor, with the history of mastoid tenderness, especially marked on percussion—never mind the temperature—the discharge at first frequent and then stopping, I should unhesitatingly say should have an opening made into the antrum and further if necessary. If the tip is necrotic, remove it. If I found the antrum or atticus diseased I should go into the middle ear and remove the ossicles, as Dr. Crouch did in his case, and I would also remove any carious material in the walls of the tympanum.

At the Manhattan Hospital in New York fifteen years ago they did ten mastoid operations during the year. In 1896 they performed 135, and last year a great many more. That means that by the improved methods of operating many lives are now being saved that were formerly allowed to be lost. It behooves us to recognize these cases and operate early.

Dr. Herbert Harlan: Upon the general question of conservative treatment this is like every important subject—there are two sides to it, and numerous cases might be cited for either side. I should like to mention one case to show how extensive may be the disease and yet the individual continue to do fairly well. Some time ago I saw a boy whose ear was discharging very freely and who had a large opening over the mastoid, with a free discharge of pus. I sent him to the operating-room, and without enlarging the external opening I pulled out with a pair of dressing forceps four pieces of bone

and washed out the wound. The fluid passed freely through the mastoid opening to the external canal. One of the pieces of bone was quite large and showed a cast of the petrous portion of the temporal bone. Another was a cast like the bone from around the carotid canal, and from the inner edge of that there were evidences that every portion of the petrous part of the temporal bone was carious. This boy had had a discharging ear for a year or two. He came back to the hospital only once later, but I heard from him again that he was doing very well. He was playing about as usual and the family would not bother to have anything more done to it.

Dr. R. L. Randolph: I have been much interested in this series of cases, and I have little, if anything, to add to that which has already been said in connection with the clinical aspect of mastoid affections. This has been gone over thoroughly by the speakers. I might venture to say, however, that the operator who knows most thoroughly the anatomical conditions of the mastoid will, in the long run, get the best results. While cleanliness will cover up or compensate for many shortcomings in one's knowledge of the surgical anatomy of this region, still ignorance of the finer minuter details in the anatomy of the mastoid might, to say the least, render a surgical procedure fruitless. Often the mastoid is opened and nothing abnormal, or, at least, intelligible, is revealed to our eyes, not because the trouble is not there, but because it lurks in the secret places, so to speak, the unfamiliar places, and fortunate it is if in such cases we can ward off a serious infection. To know how to locate the lateral sinus is useful knowledge as far as it goes, but it is not everything by any means. My remarks apply only to that class of cases where acute inflammatory symptoms are absent, to that class known as sclerosing mastoiditis, two of which variety Dr. Woods has reported. Dr. Crouch spoke of the use of chromic acid as an application to the base of a polyp. I have abandoned the use of this agent, because I regard it as unsafe. Its action cannot be controlled as that of nitrate of silver can,

and I have not unfrequently seen intense irritative symptoms follow its use.

Dr. William Green: Dr. Crouch spoke of the extreme rarity of these cases, and that they were brought forward only in 1884. It happened to be my fortune to see two cases operated upon within a week in Brooklyn as far back as 1859.

Dr. H. Friedenwald: I would like to say a few words in regard to Dr. Woods' remarks. He stated that when he finds the surface of the mastoid normal he is inclined to go no further, and bases that opinion upon a case in which he found a periosteal abscess and which recovered after a simple Wilde's incision. I think that of all the surgical procedures the otologists have brought to light the Wilde's incision is the very worst. If I should care to make a rule as to whether those cases of mastoid disease are to be opened in which we find a fistulous opening on the surface of the bone, or in those cases in which the surface is apparently normal, I should say, open the latter.

I am quite sure that one or two cases of death which I saw following mastoid disease in which the Wilde incision had been made were due to the fact that the operation was incomplete. I have seen one case in which a simple opening of the pereosteal abscess resulted in perfect cure, but there was no involvement of the middle ear, the mastoid disease was apparently primary, and I am not quite sure if the mastoid was involved, for I did not open it. I can only say the case resulted in cure. If there had been better circumstances surrounding the case I should have opened it.

In regard to opening the antrum in acute mastoiditis, I am fully convinced that in a large number of cases it is essential, but there is a class of cases, especially in the very young child, in which the simple opening of the mastoid abscess will result in cure.

In chronic mastoid affections the absence of an external sinus is of frequent occurrence. The surface of the mastoid in these cases is almost always normal, and if we guided ourselves by that we would in most cases make an error. The reason we can make an exception in certain forms of acute mastoiditis is this,

that the affection tends, under proper therapeutic means, to run a short course and to end in recovery unless there be some complications, such as an abscess in the mastoid, to prevent it, and a relieving of the mastoid abscess in those cases will naturally be followed by cure of the affection. In chronic cases, however, this is never the case. The only question in my mind is to what extent shall we open. I am inclined to think the simple opening of the antrum and going no further in those cases in which the antrum is not diseased and the region about seems all right is sufficient, but where the antrum is found to be diseased you cannot clean it out too thoroughly. Since the middle ear has some function left, to what extent shall we jeopardize it? When we open the whole into one cavity we produce a very extensive change in the anatomical condition of the middle ear, and this must naturally be followed by a high degree of impairment of function. I should say that in most of the cases a large and free opening into the antrum is sufficient. In those cases, on the other hand, where there is facial paralysis or any cerebral symptoms whatever, or chills indicating an involvement of the sinus, we ought to open the middle ear fully. Ten days ago I opened a mastoid in that way for a child about fourteen who had had convulsions and very definite cerebral signs of infection. All the symptoms disappeared after a free opening of the middle ear.

There is one other point I must mention—that of taking away the tip. It is certain that it is very frequently affected, and I am never satisfied if it is not freely opened; but I cannot see any advantage in taking it away and exposing the tissues of the neck when we can get the same exposure of its structure by removing the anterior surface of the tip and scraping its inner substance.

Dr. Woods: I want to be perfectly clear on this matter brought up by Dr. Friedenwald. I no more believe in leaving diseased tissue in the cells than anyone else does. He says that if he had to make his choice between making an opening in a mastoid cortex which was sound and one with a fistulous opening he would always go into the former. I should say it de-

pends on the age of the patient, the time the abscess has been on the mastoid and the acuteness of the middle-ear suppuration. The case of the child in my report of this evening is a fair example of those in which, it seems to me, there is clinical evidence to prove that they recover without other treatment than draining the external abscess. The abscess develops rapidly during an acute suppurative otitis media in a young child, usually under five years of age; there is not much pain or fever; one evacuates by incision a large amount of pus from between the skin and cortex; finds an abscess cavity leading back over the mastoid plane toward the canal; the cortex is carefully bared and examined, and no soft point is found. This is, I believe, the condition known as the "dissecting tympano-mastoid abscess," first described, so far as I know, by the late Dr. Samuel Sexton of New York. Should that collection of pus on the mastoid cortex be considered an invariable indication for opening the cells to the antrum? I know that unless this is done there is no certainty that the cells are not seriously involved. But the cortex of a child of that age is usually very thin, and so is apt to show signs of cell disease. If one recognizes this method of involvement of the external mastoid region from the tympanum he may, in the condition described, hesitate (I think without subjecting himself to a just charge of insufficient surgery) to enter the cells. I know that I have seen case after case of this kind go on to recovery from the abscess and the otorrhea. The convalescence takes about as many days as that of the routine cell operation does weeks. I have had to operate a second time in two cases, as I recall. I should keep the case under daily observation. If I felt there was doubt of my ability to do this I should enter the cells at once. What I wish to emphasize is that there is a class of mastoid abscesses which do not require for their cure and relief from the acute suppuration in the tympanum any operation involving the mastoid cells. My quotation from Politzer referred to the acute suppuration in the vertical mastoid cells, sometimes seen in acute suppurative otitis media. One finds a small carious

spot on the cortex, with the spoon gets into a cavity, which he curettes, and soon finds himself scraping tissue which has a very different feel from that first encountered. It is, I think, this class of acute cases which Politzer has in mind when he advises against going on to the antrum. I know I have seen a number of them get well without farther operation than cleaning the abscess cavity. The man shown tonight by Dr. Crouch, and operated on most skilfully by him at the Eye and Ear Hospital, does not belong to the class at all. His whole process was diseased, and nothing short of what was done would have sufficed.

The principle for which I am contending is this: If our object is to cure the patient with as little interference with the ear structure as possible it is not necessary, certainly in acute cases, to invariably go into the antrum, or, in a special class of cases, to even enter the cells. The modern mastoid operation is probably as safe as any radical surgical procedure can be. I confess that one always feels more comfortable if the cells have been explored. These things are to have their full consideration. But, with such conditions as described, above, provided the case can be kept under observation, I believe a second operation will rarely be necessary. I agree with Dr. Friedenwald that you should never do a Wilde's incision unless you are prepared to go further.

In reference to Dr. Randolph's experience with chromic acid, I want to say that I have used it for years, but doubt if I shall do so again after my experience with this child. I have used it fused on the end of a probe, and it never got away with me before.

I agree with what Dr. Friedenwald said about the tip of the mastoid process.

Dr. Crouch: I have nothing to say in concluding, except that what Drs. Friedenwald and Woods have said has been my idea of removing the tip—removing the outer wall and cells and leaving the inner wall, of course, unless it is diseased.

Dr. Friedenwald: The operation of removing the tip, as I understand it is being done in New York today, is actually taking away the whole tip, and I thought that was what Dr. Crouch meant.

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MARYLAND MEDICAL JOURNAL.

Fidelity Building, Charles and Lexington Streets,

BALTIMORE, MD.

WASHINGTON OFFICE:

Washington Loan and Trust Company Building.

BALTIMORE, DECEMBER 24, 1898.

SO MANY new schemes and short-lived fads are being forced upon the physician's notice that he grows skeptical of all and soon

The Visiting Nurses' Association—A Boon to the Medical Profession. throws them aside without looking into their merits. Again,

every physician receives such piles of advertisements, both medical and otherwise, that to attempt their perusal would be not only time taking, but time lost. Occasionally a good thing is thus overlooked, and no apology is, therefore, offered for drawing the especial attention of the profession to a most useful adjunct in their daily labors.

All agree that the trained nurse is of untold value in her sphere, and, further, that her remuneration is none too great for the amount of work she accomplishes, and yet there are many who cannot afford the necessary expense and must needs go without proper nursing. It is just this niche that the Visiting Nurses' Association aimed to fill, and over a year's experience fully attests the great benefit accruing from this form of nursing.

A nurse may be called at any hour of the day for the small fee of fifty cents an hour. Such service is of great help to the busy practitioner, as he can send the nurse to catheterize a pa-

tient, give him or her a bath and make them comfortable for the day, or, in cases of typhoid fever, leave the regulation of the cold baths or packs to her care. Such service will rarely take over one or two hours a day, and the cost will accordingly amount to fifty cents or a dollar instead of the regular charge of three dollars a day. Again, it is not necessary to furnish board or lodging for the nurse, as is incumbent when the nurse is employed by the day or the week. This method of nursing is particularly appreciated by those doing gynecological work, and the nurse can be engaged to come to the doctor's house during his office hours, but in no place is her value more evident than at operations in private houses. It is only necessary for the surgeon to telephone the nurse to repair to such and such a house and prepare for operation. Accordingly when he arrives the room is in order, plenty of hot and cold water on hand and the patient in a cheerful state of mind as a result of the comforting treatment of the nurse.

A few points only have been mentioned concerning their work, but sufficient to show the great assistance they can render the medical men, and we congratulate the profession in Baltimore on having such an association in their midst.

The authorities of the Johns Hopkins Nurses' Club, 219^{1/2} East North avenue, have kindly arranged that all messages sent there will reach the proper parties at once. Telephone 2330.

* * *
 ONCE more the epidemic influenza or grippe is passing over the land, and many are the persons prostrated by it.

Epidemic Influenza Again. The grippe has been very thoroughly studied in the past few years and has been described in its various forms, but it always strikes consternation, and by its fearful grip on the whole nervous system causes the strongest man to yield, and too often by its complications death is the result. The cause in many places is undoubtedly the melting snow, with the damp and penetrating cold, while the exciting cause is the specific organism, which seems to thrive under the circumstances named. Whether the disease is contagious or not is still a matter of doubt, which the daily papers do not hesitate to discuss. It should be treated promptly and vigorously, and the complications should be warned against.

Medical Items.

We are indebted to the Health Department of Baltimore for the following statement of cases and deaths reported for the week ending December 17, 1898:

Diseases.	Cases Reported.	Deaths.
Smallpox.....	..	..
Pneumonia.....	..	40
Phthisis Pulmonalis.....	..	17
Measles.....	13	..
Whooping Cough.....	1	..
Pseudo-Membranous Croup and Diphtheria. (	47	5
Mumps.....	..	..
Scarlet Fever.....	13	..
Varioloid.....	..	..
Varicella.....	5	..
Typhoid Fever.....	*5	..

* 1 Imported.

An addition has been built to the Hôpital St. Antoine at Paris.

The Rush Hospital for Consumptives in Philadelphia is to be enlarged.

Petersburg, Va., is alarmed at a case of smallpox which has been found there.

The Prince of Wales is taking active interest in a movement in Great Britain to stamp out tuberculosis.

There have been many cases of smallpox in Bedford county, Pennsylvania. No deaths have been reported.

The town of Havre, France, is about to build a sanatorium for the isolation and treatment of cases of tuberculosis.

At the last meeting of the New York Neurological Society Drs. H. M. Thomas and L. F. Barker read papers.

The General Hospital of Vienna, which was closed and quarantined after the outbreak of plague there, has been reopened.

Virchow was again elected by an overwhelming majority to the German Parliament. He is a member of the liberal party.

Illinois is to have a hospital for consumptives at Dunning. A number of prominent physicians of Chicago are on the staff.

The Sanatory Club of Buffalo presents monthly a very attractive programme which is discussed by the large number of members.

The kinetoscope will in future years be of great use to the lecturers at medical schools in describing an operation and its various procedures.

Acting-assistant surgeons who were not examined in the haste of preparing for war will now be examined to see if they are fit to stay in the service.

By the will of the late Daniel Miller of Baltimore the Presbyterian Eye, Ear and Throat Charity Hospital and the Nursery and Childs' Hospital each receives \$500.

A Frenchman has come to this country with a new fad, called "frigotherapy," according to which the body is immersed in extreme cold, which is said to drive out disease.

The late Harold Frederic, whose death from so-called Christian Science treatment has been given such full notice, was himself no friend of physicians, as some of his writings show.

Dr. James E. Whiteford of Baltimore died suddenly last Tuesday night. He was born in Hartford county, Maryland, and received his degree at the College of Physicians and Surgeons in 1874. Dr. Whiteford was a member of the State Society.

Dr. J. A. Walter Wegeforth, formerly of Baltimore, died a few days ago at El Paso, Texas, in his thirty-fourth year. Dr. Wegeforth was born in Pennsylvania and studied in Baltimore, receiving his degree at the College of Physicians and Surgeons in 1886. He then went to Savannah, where he was appointed quarantine physician, and he took up general practice. He was the brother of Drs. George C. and Arthur Wegeforth of Baltimore.

The Richard Gundry Home, Catonsville, Md., has introduced educational gymnastics as a part of the restorative and moral treatment of its mental and nervous patients. This is in accord with the improved hygienic care bestowed upon the insane in modern institutions. Systematic drills have now been engaged in by a majority of the patients for the past two months and with increasing interest on their part. Such exercises come as a great relief to the listless inactivity so characteristic of much institution life. This new department is under the immediate supervision of Dr. Edward M. Schaeffer of Baltimore, who will visit the Home as physical director during the coming year.

Washington Notes.

An epidemic of influenza is prevalent in all parts of the city.

The Health Department is again crippled by the appropriation running short. For the past two months the department has had no funds for fumigating purposes.

At the annual meeting of the directors of the Washington Hospital of Foundling the following medical staff was elected: Drs. Z. T. Sowers, D. K. Shute, C. W. Richardson, M. F. Cuthbert, R. W. Barker, S. S. Adams and J. R. Wellington.

Among the 107 applicants for positions in the medical corps of the army several were graduates from the Columbian Medical College, who went through with flying colors. The two most prominent were Robert Church, of the Rough Riders, and J. H. Ford, who received the highest mark.

There were 119 deaths in the District last week—a death rate of 22.08 per 1000. Of these deaths eleven were from heart diseases, seven from consumption, nine from typhoid fever, eight from diphtheria and one from whooping cough. There are 122 cases of diphtheria and 129 cases of scarlet fever under treatment.

Surgeon-General Sternberg, before the House Committee on Military Affairs, said that the medical branch of the army at no time had been adequate, even in time of peace. He urged that the most essential need of the medical corps was to have experienced men quickly available for emergencies. Referring to the Santiago campaign, General Sternberg said the military situation was responsible for what occurred.

In his address before the Washington Academy of Science Dr. Busey gave the history of sanitation in the city, and concluded as follows: "In the foregoing résumé of the history of sanitation of this city, covering a period of 107 years, I have given credit where credit is due. Many incidents, circumstances and data have been omitted, but the record is sufficiently full to show the magnitude of the work accomplished and in progress, to the end that with the completion of the system of sewage disposal and adequate extension and purification of the water supply this city will be among the foremost of the most favored cities of the world in all that pertains to the prevention of avoidable diseases."

Book Reviews.

APPLIED PHYSIOLOGY. By Frank Overton, M.D.—Advanced Grade. 432 pages. American Book Company, New York, Cincinnati, Chicago.

Dr. Overton has produced a notably good book, full of interesting facts, clearly and effectively presented. The illustrations are worthy of especial mention, many of them being entirely new, having been sketched by the author from actual specimens. The demonstrations are within the range of any well-informed teacher, and there is abundant evidence of the work being the outgrowth of a practical and successful instructor.

The effects of alcohol and narcotics are stated judicially rather than dogmatically, but we miss any reference under "Tobacco" to the influence upon growth as shown by careful tests of college students.

The United States government examinations of "cigarettes" failed to show evidence of the use of opium in their manufacture.

REPRINTS, ETC., RECEIVED.

The Johns Hopkins Medical School, Sixth Annual Announcement, 1898-99.

Rheumatic Pharyngitis. By Lewis S. Somers, M.D. Reprint from the *Medical News*.

Progress in Neurology. By C. H. Hughes, M.D. Reprint from the *Alienist and Neurologist*.

Medical Service and Medical Fees. By C. H. Hughes, M.D. Reprint from the *Alienist and Neurologist*.

The Tuberculin Test in Cervical Adenitis. By Edward O. Otis, M.D. Reprint from the *Medical News*.

Formalin in the Treatment of Purulent Ophthalmia. By E. Oliver Belt, M.D. Reprint from the *Medical News*.

The Sanitary Salvage of Our Soldiers in Cuba. By Major Charles H. Hughes. Reprint from the *Alienist and Neurologist*.

Injuries from "Live" Electric-light and Trolley Wires. By J. J. Brownson, M.D. Reprint from the *Tri-State Medical Journal and Practitioner*.

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Original Articles.

THE HEMORRHAGIC STATE IN A NEW-BORN TWIN.

By A. K. Bond, M.D.,

Clinical Professor of Diseases of Children, Baltimore
Medical College.

READ BEFORE THE CLINICAL SOCIETY OF MARYLAND,
NOVEMBER 18, 1898.

THE patient was born in the lying-in hospital of the college on February 16 after a normal labor. Its twin was at birth and continued while under observation wholly normal in its appearance and behavior. The father of the patient has been known to the mother for four years. He has cough, and is said by the doctors to have consumption (a rather uncertain testimony in this class of citizens). Since she has known him he has lost no hair, had no rash or skin lumps, no rheumatic pains, no angina of moment, and so presumably has no secondary form of syphilis.

The mother of the patient has had no miscarriages, no loss of hair, no rashes nor other syphilitic history. The mother knows of no history of hemophilia in her family. She has not had malarial fever, although she spent last summer in a malarial district, and had then an attack of hematuria lasting three weeks, the nature of which was verified by her doctor. She had three children previous to this, the eldest dying at thirteen months of "cholera infantum," without any noticeable amount of blood in the stools; the second at three months, of vomiting; the third of stomach cramps—neither having any hemorrhage.

The mother denied having been sub-

jected to poor diet or other scorbutic cause in this present pregnancy. Her temperature was normal at delivery, and on the third day a degree below normal, at which time she felt well, except slight limb pains; had normal, slightly pale, gums and tongue and no dyspnea.

On the second day after birth the child developed nose-bleed on sucking and when laid on its face, sufficient to wet a considerable portion of the mother's dress. It bled also slightly from the navel, and a hematoma over the squamous portion of the right temporal bone appeared. There had been no caput, although its twin had one.

On the third day the wrists and ankles oozed blood from spontaneous cracks at the skin flexures. The patient appeared much more pale than its twin brother, but the lips had a fairly good color and the cry was still strong. There did not seem to be any signs of general sepsis. Its blood upon examination showed red corpuscles, 1,712,500; white corpuscles, 13,416, or 1-128. Hemoglobin very deficient—not exactly estimated; blood very watery; no plasmodia; no pigmentation of leucocytes; slight poikilocytosis shown by variation in size of red corpuscles and by a slight ameboid movement. By differential staining with Ehrlich's triacid mixture the colorless corpuscles are seen to consist mainly of polymorphonuclear neutrophiles, few mononuclears or eosinophiles; the nucleated red corpuscles were not as numerous as in normal infant's blood.

At the post-mortem a few days later there was found a cephalhematoma over the squamous bone and a blood extravasation beneath in the brain tissue. There were no other changes of remark, nor

were any signs of syphilis found in the organs and tissues.

The hemorrhagic state in the newly-born is apparently not often met with in the upper walks of practice, but its death rate is so great, and the need for therapeutic action so urgent, that every practitioner should be acquainted with its literature. Although my title refers rather to spontaneous hemorrhages after birth, it is a question whether cerebral and like hemorrhages from trauma during labor are not most frequently based upon the same predisposing conditions which underlie the spontaneous bleeding after birth. If this is true there will be the less need for making a distinction between the two classes of hemorrhage.

The cases of spontaneous hemorrhage after birth have been referred to a number of definite categories—hereditary syphilis, sepsis, Buhl's disease and Winckel's disease—but many remain confessedly unclassified, even a shadowy “hemorrhagic disease of the new-born” being suggested by some writers. Strange to say, hereditary hemophilia, which is not a very infrequent cause of hemorrhage in children over one year of age, seems to have very rarely been traced in the cases of hemorrhage in the newly-born, although its possible causative influence is usually mentioned by writers on the subject. Nor does a scorbutic state of the mother appear prominently among the causes. The ground taken by Lewis, that this general hemorrhagic state may be due to irritation of a hemorrhagic center in the medulla, seems quite unreasonable.

Very interesting studies of the cases ascribed to hereditary syphilis have been recently made. Infiltrations and degenerative processes in the liver and other organs whose diseases affect the blood and circulation in adults are frequently found in the hereditarily syphilitic. Moreover, the syphilitic state in the new-born is one of profound anemia; yet the retaining walls of the blood-vessels do not seem to be usually diseased in this hemorrhagic state in the syphilitic, and several observers have found in the blood of the syphilitic new-born dead of hemorrhage septic organisms, as the bacillus pyocyaneus, staphylococcus pyogenes

aureus and albus, as well as forms of streptococcus. It is, therefore, now questioned whether the syphilis or the micro-organism invasion is the immediate cause of the bleeding. Or, as Welch has pointed out in J. Lewis Smith's “Diseases of Children,” p. 231, it is pretty certain that most of the clinical symptoms of syphilis—its eruptions, etc.—are due partly to the infection of syphilis as a silent partner, and partly to the more obtrusive pyogenic and septic organisms which travel with it.

This leads naturally to the consideration of sepsis as a cause of the hemorrhagic state. Already known to be causative in the majority of cases, recent investigations tend to make it more and more prominent—at least in the fatal cases—many conditions, such as syphilis, whether outbreaking or latent, anemia, general debility, birth injuries, etc., rendering the infant liable to the inroads of septic germs and poisons. The portal of entry may be a skin surface injured or bare of its epithelium, as at the umbilicus, or some portion of the digestive tract. The time of infection may be as early as before the onset of labor, infectious fevers or other diseases of the mother extending to the fetus. There seems to be, however, no intimate association between epidemics of puerperal fever and the hemorrhagic state. The agents may be the organisms above mentioned, or, perhaps, as some have claimed, organisms peculiar to this state, though this supposition, in view of the unexpected connection disclosed by recent researches between obscure septic conditions and familiar septic germs, seems hardly necessary.

The hemorrhage of the newly-born may be in any amount, from any surface or into any tissue. It is not apt to begin before the second day of extra-uterine life, and, remarkable though the fact be, ceases in nearly all cases before the beginning of the third week, the baby who bled excessively on the slightest abrasion or from apparently healthy skin surfaces during the first and second weeks suffering circumcision or other considerable operations in the following weeks without any abnormal blood loss or after-oozing. The most familiar sites of hemorrhage, often multiple, are the cord site,

the nasal fossae, the bowel tract and the creases of the skin of the extremities. There is also described an insignificant local bleeding of the bowel near the anus and of the vagina, which lasts a few days only, and is ascribed to simple overfullness of the pelvic veins. Next in importance to the umbilical hemorrhage, which, though often fatal, is satisfactorily discussed in all text-books, is that from the digestive and posterior nasal tracts, which, under the title of melena, urgently demands further investigation, being extremely fatal and yet amenable to improved treatment. In this condition the baby, which may have been evidently below par or may have seemed robust and healthy, begins usually on the second day to vomit blood. This may excite little apprehension or may be so sudden and abundant as to cause alarm. The vomiting of blood may become less frequent, but next day bloody stools are passed, first of black, tarry clots, mixed with the dark meconium (and so often escaping notice), and, later, of fresher, liquid red blood, the large stools consisting, perhaps, wholly of blood. In the more severe cases the baby is at once brought into collapse with blanched, cold surface, sunken fontanelle, breathlessness, faint, wailing cry, extreme restlessness, convulsions, respiratory failure. If the hemorrhages cease spontaneously, as seems to be the tendency, or in consequence of treatment the baby, if not moribund, may either quickly return to health or enter upon a very slow convalescence, with lasting anemia.

In Buhl's disease there is added to the hemorrhagic symptoms an apparently causeless asphyxia at birth, and some of those who survive the hemorrhage exhibit cyanosis for some time afterward. Some have general edema. Most of them die inside of two weeks. The condition is said to have been found in new-born domestic animals.

Winckel's disease occurs epidemically, beginning usually on the fourth day of life. It has cyanosis (with jaundice, a symptom often found in the hemorrhagic state) and hemoglobinuria, sometimes diarrhea. Both of these conditions are associated with fatty degeneration of the inward organs. Further observations are

needed to determine the claims of these two conditions to entity as definite diseases.

The hemorrhagic state of the newly-born must be differentiated from severe traumatic bleedings and from the discharge of blood swallowed by the child from womb hemorrhage before or during labor or from a bleeding nipple; also from certain local bleedings, as the precocious menstruation which is said to begin in a few days after birth. Moderate bowel hemorrhages, mixed with the dark meconium, are very apt to escape notice. The means of detecting blood in the urine are well known. In Winckel's disease the urine contains no blood cells (only hemoglobin) and is not red, but smoky, from the dark blood pigment.

The methods for combatting the syphilitic element which exists in many of the new-born attacked by hemorrhage are fully set forth in the text-books. Sepsis, now so frequent, will doubtless become less so as the principles of hygiene and asepsis are more thoroughly applied to the pregnant mother and her newly-born child. How the ingestion of staphylococcus germs in breast milk, which is alleged to occur in many cases, even though the mother is apparently healthy and the breast is covered with antiseptic dressings, can be met is a problem.

The self-limitation of the hemorrhagic state to the two weeks following birth very strongly suggests that whatever the underlying causes, the actual escape of the blood from the vessels (veins or capillaries, arteries seldom bursting in the newly-born) is intimately associated with the circulation changes of birth. As a very frequent fault in this adaptation of the circulation to the new phase of life is associated with imperfect expansion of the lower half of the lungs, which persists, wholly unsuspected in many cases, even for weeks or longer, it is highly probable that systematic daily artificial respiratory movements, carefully yet thoroughly done by the physician, would aid in the control of the hemorrhagic state. Hypodermoclysis, intracellular or intravenous, would necessitate a new wound, but its remarkable benefits in hemorrhage of the adult would indicate that it ought to aid those infants who are collapsed from

blood-loss. Though cold may be of value locally, the frailty of the infant demands that artificial warmth should also be used for keeping up the general body heat. Ergotine in half-grain doses, hypodermically, has been used by some. Absolute quiet is important.

In the course of a somewhat extensive review of the domestic and foreign literature of the past two years upon this subject I have been particularly impressed with the importance of determining the exact seat of the hemorrhage in melena. It is not intimately associated with ulceration of the bowel. Usually its source has escaped observation, yet it is rather rash to suppose that it is a mere capillary oozing (leaving no post-mortem trace) in the cases where large amounts of blood are suddenly poured out, causing rapid collapse of the child. This suggests, on the contrary, rupture of a vein of considerable size. Fenwick ("Disorders of Digestion in Infancy," p. 312) saw a case in which post-mortem examination failed to show any source for the bleeding, but on injection the fluid poured freely from a ruptured vein in the stomach previously closed by the contracting mucous membrane.

An extremely important report is given by Hochsinger (*Wiener Medicinische Presse*, 1897, 38, 557), which deserves extensive notice. The amniotic fluid was remarkably blood-tinged. Immediately after birth the infant passed dark masses and blood clots from the bowel, soaking eight or nine napkins, without pure meconium. The babe was wasted and short-breathed, with half-open eyelids. The use of the thermometer in the rectum, showing a temperature of 35.8° (96.4° F.), was followed by a stool of pure blood. There were no signs of bleeding on the anterior parts of the nose and mouth. Having read shortly before an article by Swoboda, Dr. Hochsinger inspected the throat, and down the posterior pharyngeal wall he saw a little stream of blood trickling. Desiring to determine its exact source, he passed a cotton-wound probe into each nostril. From the left it returned unstained, but on the right blood was shown at a distance of about two centimeters. He packed snugly with a roll of absor-

bent cotton soaked in 1 per cent. alum solution, carried to a depth of three centimeters, and cleaned away the pharyngeal blood. The hemorrhage at once ceased and was not repeated, although the nurse removed the tampon after three hours to soothe the cries of the child. Next day the stools became normal, and seven weeks later the child was looking healthy. Dr. Hochsinger thinks the postnasal hemorrhage was caused by intrauterine pressure, and had stained the amniotic fluid before the membranes broke. The blood may have been washed from the anterior nares by the waters on the bath.

It is very certain that in the hands of most physicians such a case would have been labeled "melena" and treated by stomach-dosing or enemata, ending, probably, in death. The success of Dr. Hochsinger will lead every conscientious reader hereafter to inspect the throat and examine the nostrils of all melena cases or cases of blood-vomiting, whether there be nose-bleed or not. The fact of an underlying predisposition to hemorrhage, or that it bleeds slightly from external surfaces also, does not warrant him in letting it die of posterior nose-bleed which might at once be checked by anterior or posterior tampon. The recovery of many infants from the hemorrhagic state and its spontaneous discontinuance after about two weeks would lead us to believe either that the sepsis present is slight in very many cases or that the whole cause of the bleeding is in these instances local and results merely from an overfullness of the veins associated with birth-pressure or circulation changes of the new phase of life. In such cases not only life, but health may be saved by local measures.

When the bleeding is from the stomach or bowel walls the familiar use of styptics is justified. Tannin preparations, alum water, liquor ferri sesquichloride, one-third drop in mucilage, ice-pellets, turpentine, one minim, etc., may be used, but care should be exercised lest injury be done to the delicate stomach walls by the drug.

As to the case which I report (which was not under my therapeutic care), the special interest lies in the fact that it was one of two twins, the other of which was

healthy. This would eliminate any cause which applied alike to both. It belongs to the number of those cases the causes of which are unknown.

GLEANINGS IN THE COURSE OF A LONG PRACTICE.

By Jackson Piper, M.D.

READ BEFORE THE BALTIMORE COUNTY MEDICAL
ASSOCIATION, NOVEMBER 23, 1898.

PHYSICIANS during their professional careers acquire the knowledge of facts which are of value to them professionally and which may not be known to the profession at large. I propose to group in this paper some—to me—interesting experiences which have come to me and which are in matter too brief to deal with in separate articles.

Bronchitis.—There is a form of bronchitis, occasionally met with, presenting the following symptoms: Fever, quick pulse, dry skin, respiration quick, a constant hard, dry cough, little or no expectoration, except that now and then a small quantity of extremely viscid mucus is voided, mingled occasionally with small quantities of albuminoid serum, and floating on this a highly aerated sputa, resembling the white of eggs beaten into whips. There is present dyspnea, anxious expression of countenance, sibilant and sonorous rales, diminished respiratory murmur and percussion sounds heightened.

As the disease progresses copious night sweats ensue, with great sensibility to cold, and the above dry sounds become intermingled with a symptomatic endocarditis. The urine is high-colored with uric acid and urates of lime and soda, or, if the earthy phosphates are in excess, with deposits of brick-dust sediment.

The symptoms most strikingly characteristic of the acute variety of this form of bronchitis are the dryness of the chest sounds, a constant and paroxysmal cough, attended with little or no expectoration, its persistent obstinacy, its profuse, irregular sweats, the extraordinary sensibility to cold, the supervention, if neglected or improperly treated, of cardiac lesions, and its power of resisting

the ordinary bronchitic remedies. This form of bronchitis may be acute, subacute or chronic. It is generally idiopathic, often symptomatic and is of infrequent occurrence.

I saw several cases of this form of bronchitis in the Baltimore City and County Almshouse Hospital in 1854-55, and have treated eight cases in my private practice. It is not a catarrhal or mucous bronchitis, but is confined to the fibrous tissue of the bronchi and is unquestionably rheumatic in character. The symptoms detailed above point to its distinctive character in idiopathic cases, and if it is symptomatic you can always get a history of rheumatism at the time of the bronchial attack or at some anterior period of the patient's life. An attack of rheumatism may supervene directly on the bronchitis, or it may alternate with it, under the old doctrine of metastasis. We all know that rheumatism attacks by preference the fibrous or cartilaginous structures of the body.

There is no reason why these structures in the bronchi should not be liable to the same disease. The fibrous tissues, being the subject of attack, would account for the dryness of the cough and the presence alone of the sibilant and sonorous rales. As soon as the ordinary treatment for bronchitis is conjoined with the rheumatic treatment the patient recovers. This, no doubt, is the secret of the success of the use of alkalies in the treatment of bronchitis and pneumonia under their supposed efficacy of destroying viscid mucus, but which, in reality, had for their origin the rheumatic element.

We often find in practice cases of valvular and other structural diseases of the heart without a plain history of rheumatism. It would prove interesting to ask persons thus afflicted if at some period of their lives they had not suffered from attacks of bronchitis similar to the kind I have described. The treatment is essentially that for rheumatism, and I shall only briefly refer to it. If uric acid and its compounds are present in the urine alkalies would be indicated; if earthy phosphates, use acids. These medicines should be the basis of treatment, with others to meet special indications, such

as colchicum, digitalis, cimicifuga racemosa, the salicylates, salol, etc.

Let us see for a moment what our medical books have to say. Dr. Wood (1849) mentions a case of bronchitis in a patient of a gouty diathesis, and remarks: "I think it not improbable that such cases are often gout affecting the respiratory passages." He also says, in his article in chronic bronchitis: "There is a peculiarity, moreover, of constitution which predisposes certain individuals to chronic bronchitis, and such a peculiarity often exists in persons of a rheumatic or gouty habit of system."

Wilson and Clymer (1845) say: "Erratic gout may manifest itself in the form of bronchitis, which may be dangerous if the attack is sudden. In general the bronchitis vanishes on the appearance of gout in the extremities." Aitken (1868) says: "Bronchitis is not infrequently associated with rheumatism." Riegel (1876) briefly says: "Catarrh is frequently developed in rheumatic subjects." German See (1885) says: "While recognizing the rareness of true inflammation of the lungs of rheumatic origin, the reality of this cause in a certain number of carefully observed facts must be admitted." Barthez thinks it a frequent cause of pneumonia. Pepper (1894), while making no allusion to rheumatism as a cause of bronchitis, has given a most perfect picture of the symptoms of fibro-bronchitis, which he calls dry catarrh—the 'catarrhe sec' of Laennec." Dr. Hy. U. Lyman, in his article on rheumatism, published in Dr. Pepper's book, says: "Rheumatic invasion of the laryngeal structures is sometimes experienced, involving the mucous membrane, the muscles, nerves and articulations of the laryngeal cartilages. The trachea and bronchi are also associated with acute articular rheumatism, and may be relieved by therapeutic measures." Osler (1898) merely states "that the bronchitis of Bright's disease, gout and heart disease is usually a chronic form." Anders (1898) gives rheumatism as one of the causes of bronchitis.

While these and other writers have given but a passing notice to the possibility of rheumatism being an element in the causation of bronchitis, not one of them has advised rheumatic remedies, ex-

cept, possibly, Dr. Lyman. It remained for a distinguished citizen of Maryland to be the first to give the etiology, symptoms, pathology and treatment of this interesting disease.

Dr. Thomas H. Buckler of Baltimore in 1858 published a book entitled "Fibro-bronchitis and Rheumatic Pneumonia." It was this book that first called my attention to this disease, and I would respectfully urge the members of this association to a perusal of its valuable pages.

Fecal Impaction.—Fecal impaction, or obstruction of the bowels from masses of fecal matter, is of sufficient frequency to demand the serious consideration of the physician. It is sometimes difficult to diagnose. If the obstruction occupies the lower bowel it may generally be detected with the finger, probe or bougie, but when it is located higher up you may find it difficult to ascertain its precise character. When the obstruction is very great it may sometimes be detected through the abdomen. But even in this case the abdominal tenderness is so excessive that in order to make a thorough examination it may be necessary to resort to an anesthetic.

I have seen a case of obstruction of the bowel diagnosed by the attending physician as peritonitis. There was a peritonitis, but it was caused by the obstruction. When this was removed the peritonitis quickly disappeared. The symptoms are so much similar to other conditions of the bowels, such as hernia, stricture from carcinoma, intussusception, appendicitis and peritonitis, that it would require too much space here to differentiate them. What I particularly wish to emphasize is the treatment. In many cases the use of purgatives, injections and opium are worse than useless. The very best treatment is melted lard, with fluid extract of belladonna. I have treated eight cases by this method with perfect success, some of the patients being desperately ill unto death. I will take the chance of giving what you may already know the history of the origin of this treatment.

Dr. Thomas H. Buckler, years ago, was called on to perform an operation at Monkton. While preparing his patient and arranging his instruments the farm-

er's son entered the room with the news that the old cow had the wind colic again. The father told the boy to give the animal the usual remedy. The doctor, on being told it was melted lard, determined to witness the operation. The cow's head was elevated by a halter, and bottle after bottle of melted lard was drenched into her by the mouth, until she had taken an immense quantity, when a loud report of bottled-up wind made the rafters of the old barn shake, followed instantly by a copious discharge of fecal matter and the end of her troubles.

Dr. Buckler, possessing a wise mind, studied the rationale of the treatment and had an opportunity shortly after of testing its merits on a human being.

There happened a case at Barnum's Hotel which had defied the efforts of several eminent men in the profession, and the patient seemed nearing death. Mr. Riggan, a worthy and influential citizen of Baltimore, who believed he had discovered evidences of genius in young Buckler, asked that he be sent for. This was acceded to. The case happened to be one of fecal impaction; the lard was administered, and the patient was relieved. Buckler forthwith started on his way to fame, and his brother, Dr. John Buckler, named his second son after Mr. Riggan in appreciation of the services he rendered Dr. Thomas H. Buckler on that occasion.

One surprising effect of the lard is its quality of allaying nausea. I have seen patients who rejected everything given retain lard almost at once. I commence with teaspoonful doses, given every few minutes, and as soon as the patient's antipathy is overcome I increase the dose to a tablespoonful every ten to fifteen minutes, with one to two drops of the fluid extract of belladonna every half to two hours, until the pupils begin to dilate. This treatment is to be continued until the bowels are moved, which generally requires from six to twelve hours. I believe I have given from two to three pints in some cases.

It appears to act not only by its bulk, but also by its lubricating power of insinuating itself into the interstices of the hardened fecal matter and thus disintegrating the mass. I am aware that olive

oil has been substituted for the lard, but the latter is always to be had and it possesses the great virtue of cheapness. The belladonna is given for its relaxing influence in obstinate constipation, but I do not think it is essential, for when I happened not to have it I have succeeded equally well without it. It is a dangerous drug to be used thus rapidly, and the physician should watch with a wary eye its first indication of its peculiar effect on the pupils.

(To be continued.)

THE TREATMENT OF HER-NIA BY INJECTION.

By William C. Kloman, M.D.,
Baltimore.

AFTER an experience of nearly seven years in the use of injections in the treatment of hernia I think it desirable to lay before the profession some of my results. There are two cases of complete scrotal hernia which have been cured and have worn no truss or other support of any kind for more than six years. One does daily, hard labor, lifting heavy weights; the other, an apothecary, is constantly on his feet. The latter had his hernia, shortly previous to being treated, incarcerated, and his physician was several hours in reducing it by taxis. Neither has experienced since their cure the slightest return of any protrusion.

There are numerous cures of herniae of shorter date and of many varieties, but all of the indirect inguinal species; that is to say, the protrusion came through the internal ring and down the canal. When the canal is entirely obliterated, in direct hernia, I do not think a cure possible.

The best results I have ever seen in these cases has been the perfect closure of the external ring, and by wearing a truss, with a moderate amount of pressure, the patient continues to be quite comfortable, but the continual wearing of a truss is a necessity. I have had a patient of this kind who had double rupture, direct, on both sides and of immense size each. He was a city fireman,

but did active service, and after wearing his truss more than two years after treatment, went before the surgeon to be examined for reappointment. The surgeon passed him, and asked why he wore a truss. Whether this question of the surgeon or weariness of wearing a truss caused him to leave it off I cannot say: at any rate he returned some months afterward for treatment, and has since worn his truss with perfect comfort as to the herniae.

As to the age of the patient, I have treated a very delicate baby of three months, with cure and great benefit to its general health, children of all ages and adults up to eighty years of age; and I have noticed several times that the old men have done better than the young: they live more regular lives.

The injection method, like all other remedies, acts with different force upon different constitutions. And the injections alone are not able to bring about a cure: a perfectly-fitting and good truss must be worn during the treatment. The truss is to the hernia what the splint is to the fractured bone. Any protrusion from the internal ring into the canal will vitiate the treatment. And here is the difficulty in the treatment—some persons have extraordinarily slippery herniae, it is very difficult to hold, and they require, beside perfect adjustment of the truss, also a considerable amount of pressure, and this some are unable, others unwilling, to bear. Then those with great amount of adipose tissue will require more pressure, and, having very often delicate skins, they suffer greatly from abrasions, etc.

The fluid I prefer for making injections is a solution of chemically pure sulphate of zinc, sixteen grains to the ounce, the solvent being distilled extract of witch hazel, slightly colored with arnica tincture and 1 per cent. of cocaine muriate added. This fluid will produce an actual proliferation of the connective tissue and will do so at any point. I have made injections into the thigh of the rabbit, deeply into the muscles, and have produced nodules, which consisted of connective tissue. I allowed the rabbit to live a month after the injection. I

have read of injections causing an outpour of lymph, and this becoming organized. This I do not believe.

The instruments used are an ordinary hypodermic syringe, with a gold needle. The needle should be about two inches long and a little stouter than the common one. The gold needle with iridium point will neither corrode nor break.

The technique of the operation is simple. The patient, being recumbent, the forefinger of the right hand invaginates the scrotum and feels for the external ring; when found the forefinger of the left hand carefully feels for the invaginating finger and holds the spot: the right hand now inserts the needle into the external ring, and the needle is pushed into the canal, along which it glides easily: you next feel for the margin of the internal ring and inject ten to fifteen minims of the fluid slowly. The needle is then withdrawn, slight massage is made over the point of injection, and your patient is allowed to get up, after putting on his truss, and go about his business.

The injection is repeated in five to seven days, and six to twelve injections are generally required, until, upon trial, without a truss, you find that the utmost straining and coughing will no longer cause any appearance of protrusion. Your patient is cured, but it will be advisable for him to wear his truss for several months afterward.

My experience shows me that 90 per cent. of uncomplicated, reducible, indirect inguinal herniae are curable by this method. There is no loss of time, very slight pain and no possible danger to life under this treatment.

Dr. Thomas H. Manley, N. Y., in his book on "Hernia," 1893, writing of the injection cure of hernia, p. 128, says: "With those desirous of a cure of their hernia without a mutilation, when this is an indirect inguinal of small volume, and the sac, with the viscera, can be wholly returned, it is certainly rational to assume that, used in conjunction with other measures, it may succeed. Indeed, there are too many well-authenticated cases in which it has effected permanent cures to dispute its claims."

Society Reports.**THE JOHNS HOPKINS HOSPITAL MEDICAL SOCIETY.**

MEETING HELD MONDAY, DECEMBER 5, 1898.

(ABSTRACT REPORT.)

Dr. Ernest Stokes made an "Exhibition of Gynecological Cases."

Case 1—Peritonitis, with Intestinal Adhesions, Acute Perisalpinx and Right Salpingitis.—The patient was admitted to the medical ward on the 9th of October, with a temperature of 104° , and afterwards the temperature rose at least once a day one to two degrees above normal. Examination under ether disclosed a mass on the left side, and a culture taken from the vagina produced the intracellular bacillus. She stated that six days before coming to the hospital she had suffered such severe pain in the abdomen that she was compelled to take to bed, but after a rest of a few days was able to attend to her work. On the fifth day, however, she was again attacked with pain, which persisted until admission. There was more or less abdominal tenderness. She was operated upon on the 28th day of October. An acute peritonitis, with extensive intestinal adhesions, was found, and the appendages were so adherent that both tubes and one ovary had to be removed. The patient recovered perfectly.

Case 2—Ovarian Papillo-cystoma.—On entrance the patient gave no definite complaint. Her menstrual history had been normal to within a few years. Her present illness began two years ago, following, as she supposed, a fall from a wagon. Pain in the side had been constant since the accident, but she had suffered similar pains at her menstrual periods for some time past. On examination the uterus was found acutely retroflexed, and through the vagina the examiner could feel something that felt like beans in a bag. The abdomen was opened, both tubes and ovaries were removed, and a supra-vaginal amputation of the uterus was performed. The patient made an uneventful recovery.

At the time of operation the growth was thought to be carcinomatous, but a microscopic examination showed it to be

a papillo-cystoma, with calcareous deposits.

Case 3—Subperitoneal Cyst, with Adhesions.—This patient's menstrual history was perfectly normal, and she dated her trouble from a miscarriage of two years ago, which was attended by considerable hemorrhage. After the fetus came away she had a very hard chill, and another followed three days later which was much more severe. She was in bed for three weeks with fever, but after this felt well for two months, when she began to have backache, with a dull, heavy pain in the left side. The pains were paroxysmal, and extended down the legs and over the lower abdomen. On opening the abdomen the appendages were found densely adherent to a large cyst lying upon the anterior surface of the uterus. There were also adhesions between the cyst and the bladder. With considerable difficulty the adhesions were broken up and the tubes and ovaries were removed. As a large, raw surface remained on the anterior surface of the fundus uteri a V-shaped piece was taken out, the wound was closed, and one edge of the round ligament bared and brought over the wound to prevent the possibility of intestinal adhesion. The retroflexion was corrected, and the patient made a good recovery.

Case 4—A Fibroma of the Anterior Vaginal Wall.—The tumor originated in the fascia of the transversalis muscle. It was first noticed by the patient about a year and one-half ago, when it was about the size of an egg, and it continued to grow until it attained the size of the fetal head. Examination showed on the right side, extending from the anterior superior spine to within 3 cm. of the median line, a hard mass directly over the course of the right ligament. The mass was movable from above downwards and from side to side, but not to any distance from the superior spine. At the operation such dense adhesions were found that four or five cm. of the peritoneum had to be sacrificed.

The patient is making a good recovery.

Case 5—Myoma of the Bladder.—The patient was admitted October 29, 1898. Her main symptom was excruciating pain in the lower abdomen, the pains be-

ing described like those of labor. At intervals of fifteen or twenty minutes paroxysms of pain would recur, the woman would bear down, and a mass in the urethra would be everted. Within a few hours after her entrance to the hospital she showed very distinctive signs of acute mania. An operation was performed five days later, an incision being made in the bladder, and a tumor was removed, with a slight amount of the vesical mucosa adherent. She made a good recovery from the operation, but her mental condition did not improve, and she returned home in a state of acute excitement.

Case 6—Chronic Appendicitis, with Acute Pyosalpinx.—Up to seven months ago the patient had perfectly good health, when she began to have pain in the abdomen, back and both sides, which required the administration of morphia. She remained in bed from this attack over a month. Pain in the right groin persisted and was increased on walking. A second attack occurred three months afterwards, but, as her menstrual period was due at the time, she attributed it to that cause. When she entered the hospital her temperature was above normal, her pulse very feeble, and she was extremely weak. On opening the abdomen the cecum, with the vermiform appendix, was found adherent to the bladder and intestines, shutting off the pelvis so that the pelvic structure could not be seen. After some of the adhesions were broken up the appendix was found to be also adherent to the tube and ovary, so that the tube had to be removed with the appendix.

Dr. Harrison showed "The Value of Drawing and Modeling in the Study of Osteology."

He said that in beginning the study of anatomy the medical student is confronted with a great many uninteresting descriptive details and a long list of names which are entirely unfamiliar to him and which he naturally has great difficulty in remembering. In his trouble he memorizes the descriptions of the books, and hopes he is learning anatomy; but, while he becomes able in this way to repeat long lists of names, to give the

attachment of a muscle, to describe a bone or to name the branches of a given artery at the base of the skull, he cannot demonstrate these things upon a subject. In the study of anatomy, as in the study of any branch of natural science, you should study nature herself and learn to observe systematically and carefully and to remember what is observed, thus making memory of great importance in anatomy, but not as the memory of words, but the memory of form.

In order to cultivate the habit of systematic observation and memory for form he recommended modeling or drawing the object of study. He thought it essential that the student should reproduce the natural object in order to be able to recall the form to his mind. He spoke of the study of books or the dissection of a part in the laboratory as an analytical process, while the making of a model or a drawing was synthetical, and said that not until the student has made such a synthesis can he be sure that he has grasped all the details in their proper relation.

To the possible objection that this method would be limited to those who can draw well, he stated his belief that everyone can draw well enough to profit much from his work, and offered in evidence models and drawings which had been made by the members of the first year class. With but one exception no student in this class had received any special training in drawing, and yet the work of all is very creditable and in some cases wonderfully accurate.

DISCUSSION.

Dr. Welch endorsed all that *Dr. Harrison* had said, and added further that those who had to teach these students after the first year would have reason to be thankful for their having received such training. He considered it one of the most important points in medical training to train the powers of observation, and felt that the method adopted would not only be of immense advantage in the study of anatomy, but would be of great use to the students in their other work.

Medical Progress.

JACK HORNER AND OTHERS.—It is related of Mr. Jack Horner, the celebrated hero of the nursery tale, that while one day sitting in the corner regaling himself with a Christmas pie, being moved by an uncontrollable spirit of investigation, he plunged in his thumb and pulled out a plum, and that as a result of this valiant exploit the conclusion arrived at by the experimenter, he being a bit of a philosopher as well as an ardent seeker after truth, was, "Oh, what a big boy am I!"

Here, indeed, says the Journal of Medicine and Science, we have an irresistible spirit of investigation, attended by remarkable results, and a most wonderful conclusion drawn from the whole simple proceeding.

Since that Christmas day, Jack Horner, pseudo-investigator and philosopher, has had many followers, and at the present time his disciples seem to be especially rampant in the medical profession.

By arguing from a few cases to generalities certain medical men, after as meager a plan of scientific investigation as that of the aforesaid Horner, have come to fully as astonishing conclusions.

So-called medical literature teems with pamphlets and reprints in which certain doctors recount with wearying verbosity how they have treated a series of cases with a certain drug or a certain preparation with most happy results, and then these Horner-like investigators straightway proceed to draw most astounding inferences from their brief experiences. Another class of pamphleteers, who have studied science after the Jack Horner method, have been able to find a certain proprietary medicine of great use in a great variety of diseased conditions, though the conclusions formulated have heretofore been unheard of and unsuspected, are founded on insufficient evidence and an entire disregard of physiologic action, and the whole business seems to be pervaded by a spirit thirsting for notoriety rather than an earnest desire to elucidate truth.

Woe be to the author and woe be to

the cause of medical science if a physician, in reading a paper, shall be so indiscreet as to mention any proprietary preparation as being of use in treatment, for the hustling proprietor of the remedy is almost sure to order thousands of reprints, got up in pleasing and elaborate style, and inflict them broadcast upon the members of a long-suffering and much-enduring profession.

Judging by what we read in these *literac virorum obscurorum* certain pharmaceutical preparations now on the market are very nearly as great cure-alls and capable of as extended and as universal application as secret nostrums are claimed to be, and we wonder that any business man should have the effrontery to reprint and distribute to medical men some of these articles, for the very extravagance of many of the claims put forth is sufficient to make the whole thing so ridiculous that it entirely fails to accomplish the purpose for which it was designed. Indeed, a quite extensive inquiry among the practitioners of our own State has assured us that this form of advertising now very much in vogue—by circulation of reprints, pamphlets and pseudo-medical journals, not all of which are bad and some of which are very good—entirely fails in its purpose of reaching the profession, for a majority of physicians have informed us that they have become very much disgusted with the whole plan that they at once consign such medical literature to the waste-basket unnoticed and unread.

The light of all the facts seems to warrant the conclusion that much of this pamphleteering is neither a credit to the present status of medicine nor to the business sagacity of commercial houses, and that the best way to interest the members of the medical profession in a good product is by means of advertisements in medical journals, aided, perhaps, by simple delivery of samples, unaccompanied by learned-by-rote, pseudo-scientific lectures delivered by fallow young men who have only just advanced beyond that period of development which the late lamented Mr. Carlyle so graphically described as "the fool age."

MARYLAND
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MARYLAND MEDICAL JOURNAL.

Fidelity Building, Charles and Lexington Streets.

BALTIMORE, MD.

WASHINGTON OFFICE:

Washington Loan and Trust Company Building.

BALTIMORE, DECEMBER 31, 1898.

THE past year has been an eventful one in the history of this great country. The year 1898 has truly been one of **The Past and the Future.** prosperity, and the financial condition of the country has never been firmer than it is now. It is rare that the JOURNAL says much about itself, but at this turning point it is meet to utter a few words.

The MARYLAND MEDICAL JOURNAL has always been free and independent, the organ of no party, of no institution, of no school, and it has tried to act with fairness to all. In the past year the JOURNAL has made advances, and with the help of its collaborators and supporters there has been a decided improvement in the character of every page. The business of the JOURNAL has been good, and the number of subscribers has been largely augmented over that of a year ago.

For the future many changes are proposed. The staff of collaborators has been enlarged and strengthened, and some of the best talent will be employed to support each part of the

JOURNAL. There will be no material change in the general make-up, but there will be an increase in the number of pages, and the endeavor will be as far as practicable to use short, original articles and to increase the amount of items of medical and surgical progress and of news; and the endeavor will be to present to the readers a publication of which each one may be justly proud. The list of collaborators for 1899 will be published very soon.

The management have refrained from the self-praise which is so characteristic of some journals. The increase in the number of subscribers, and the hearty financial and literary support given during the past year encourage the JOURNAL to make advances worthy of its supporters, and in this work, which can be completed only with the help of the profession of the State, the hearty co-operation of all physicians is asked.

* * *

THE death of Dr. John B. Hamilton deprives the profession of this country of one of the most conspicuous figures in medicine. Dr. Hamilton was born in Illinois in 1847, and received his medical degree at the Rush Medical College. From this time on he always occupied a prominent position and never failed to make his influence felt.

His career in the army and also in the Marine Hospital service is known to all. He is best known to the general profession as the editor of the *Journal of the American Medical Association*. In this position he worked untiringly, and not only advanced the literary character of that journal, but by constant soliciting and appealing to the profession he greatly increased the number of subscribers to the *Journal*, and in that way added to the ranks of the Medical Association.

In addition to his other duties, he was of late years superintendent of the Illinois State Insane Asylum at Elgin, near Chicago. His editorial position will undoubtedly be sought after by many physicians, and much canvassing will be done by the various aspirants. Fortunately, there are several men in Chicago who have served on the editorial staff of the *Journal*, and who are quite capable of accepting this charge. Dr. Hamilton's personality will be missed and his loss will be felt by the profession.

Medical Items.

We are indebted to the Health Department of Baltimore for the following statement of cases and deaths reported for the week ending December 24, 1898:

Diseases.	Cases Reported.	Deaths.
Smallpox.....	..	..
Pneumonia.....	..	43
Phthisis Pulmonalis.....	1	24
Measles.....	3	..
Whooping Cough.....	..	..
Pseudo-Membranous Croup and Diphtheria.	40	8
Mumps.....	..	..
Scarlet Fever.....	10	..
Varioloid.....	..	..
Varicella.....	4	..
Typhoid Fever.....	*2	4
La Grippe.....	..	9

* Both Imported.

Dr. John G. Jay has removed his offices from 927 McCulloh street to 869 Park avenue.

The statement that the Queen of Portugal was studying medicine is said to be false.

Roentgen, of *x*-rays fame, has been called from Würzburg to accept the chair of physics at Leipsic. It is said that he will not leave Würzburg.

The Italian government is taking care that bubonic plague is not brought into its boundary, and strict quarantine against this disease is maintained.

Dr. T. C. Bussey has been appointed physician to the Baltimore County Almshouse; and Dr. James H. Jarrett, physician to the Baltimore County Jail.

The O'Dwyer Scholarship in the College of Physicians and Surgeons of New York is a very fitting tribute to the work of such a modest man as Dr. O'Dwyer.

Dr. S. S. Adams of Washington delivered a lecture on fevers in children before the University and Bellevue Hospital Medical College, New York, December 20.

Edward Cecil Guinness, of the well-known brewer family and now Lord Iveagh, has given to the Jenner Institute \$1,250,000 in aid of scientific research in bacteriology and pathology.

According to Dr. John S. Fulton, secretary of the State Board of Health of Maryland, there

is danger of smallpox breaking out in this State, and it would be well to have a thorough vaccination.

In addition to all the private institutions in New York for the treatment and care of tuberculous cases, that State is considering the erection of a State sanitarium, probably somewhere in the Adirondacks.

An enterprising bacteriologist, who attempted to bring a lot of cultures of the plague bacillus into Victoria, Australia, had his whole outfit confiscated and destroyed on the plea that it was detrimental to the health of the people of Victoria.

The number of students enrolled at the Medical School in Paris is 4495. The Faculty includes 351 male foreign students, of whom sixteen are Swiss, fifteen Germans, sixty Roumanians, sixty-seven Ottomans and sixty-six Russians. There are also eighty-seven female foreign students, of whom eighty-three are Russians.

The death of Professor Laboulbene at the age of seventy-three years is announced. He had held the chair of historical medicine at the Faculty of Paris since April, 1879; was physician to the hospitals and a member of the Academy of Medicine. His clinical knowledge was unrivaled, and he was also an expert naturalist, so much that he could have held a chair of entomology or parasitology with as much distinction as he did that of history of medicine.

The death of Dr. Kemp Battle Batchelor of Baltimore last Saturday took from the profession of Baltimore one of the most prominent physicians of the younger set. Dr. Batchelor received his degree at the University of Maryland in 1889, and after a service in the University Hospital, and in the lying-in department, began his practice, first, as the assistant of Dr. I. E. Atkinson, and later he married and took an office of his own, where he soon built up a choice and paying practice among persons who appreciated such a man. Devoted to duty and anxious to relieve the ills of others, Dr. Batchelor put aside his own suffering and literally died in the harness. His death was from double pneumonia, brought on by exposure after an attack of grippe. Dr. Batchelor was a member of all the principal medical societies and was associate professor of clinical medicine at the Woman's Medical College.

Washington Notes.

A new home for nurses has been opened in connection with the Central Dispensary and Emergency Hospital.

Acting Assistant Surgeon L. G. Anderson, U. S. A., at Fort Myer, will be assigned for duty on the hospital train.

There were 118 deaths last week, of which fifteen were from pneumonia, seven from diphtheria and one from typhoid fever. There are 116 cases of diphtheria and 127 cases of scarlet fever in isolation.

A bill has passed the House which enables the Secretary of Agriculture to inspect and analyze any article imported from foreign countries that he believes to be dangerous to the health of the people of the United States.

On being shown through the rooms occupied by the "Co-operative Medical Association" (the company that furnishes doctors, medicines, coffins, hearses and carriages for twenty-five cents a week), the doctor, after a deep expansion and a look of pride, said: "This is our operation room. We are going to have it made into a glass room, just like the Johns Hopkins' operation room at Harvard."

The Alpha Medical Association has been organized to treat the people of the District for \$5 a year. Five dollars is the fee for the head of the family, and twenty-five cents is added for each member of the family. The company "will employ the best physicians of both schools, homeopathic and allopathic," and "the best medicines and appliances will be used." If the subjects of this company die, they will have to bury themselves.

A Pure Food and Drug Congress will be held in the city January 18, 19, 20 and 21, 1890 and from the interest now manifest will be a largely-attended meeting. The government departments will be well represented by prominent delegates, among them Drs. Geo. W. Sternberg, W. K. Van Reypen and Walter Wyman. The Commissioners of Pharmacy are to be represented by Drs. John G. Winter, W. P. Carr and H. A. Johnson; the chemical societies by Profs. W. D. Bigelow and E. A. de Schwenitz; the Medical Society by Drs. Z. T. Sowers, W. W. Johnston, C. H. A. Klein-schmidt, G. L. Magruder and G. M. Kober.

Book Reviews.

BLOOD CHARTS. Designed by J. C. Da Costa, Jr., M.D. Philadelphia: J. B. Lippincott Co. 1898.

These are very convenient blood charts and are large enough to be used to the satisfaction of those who may wish to note every detail. The price is not stated.

ATLAS AND EPITOME OF OPERATIVE SURGERY. By Dr. Otto Zuckerkandl, Privat-docent in the University of Vienna. Authorized translation from the German. Edited by J. Chalmers DaCosta, M.D., Clinical Professor of Surgery in Jefferson Medical College, Philadelphia; Surgeon to the Philadelphia Hospital, etc. With 24 colored plates and 217 illustrations in the text. Philadelphia: W. B. Saunders, 925 Walnut street. 1898. Price \$3 net.

The author states in his preface that "this epitome of operative surgery is intended as an elementary work for students," and with this understanding, it can be commended as a faithful and useful guide to operative surgery. It is entirely too abbreviated and incomplete to be useful as a general text-book on operative surgery for surgeons. The typical operations of surgery, such as amputations, resections and ligations are very well described and illustrated, but one looks in vain for many of the most common typical operations, especially those employed in abdominal work. On Page 376 is an illustration which is identical with one in the Johns Hopkins Hospital Bulletin of February-March, 1896, which is supposed to be an original illustration of a case operated on by Dr. Howard Kelly. No credit is given by either writer to any other author, but the picture is certainly the same.

'*The Journal of Scientific Medicine* is a new journal probably a monthly, although it is not stated, which is edited by a Dr. Gustavus M. Blech, who has written several editorials and the first original article in a very attractive style. He invites contributions of matter and money, and announces that, able to read several languages, he will give choice abstracts. In one very sensible note he "roasts" the examining board for their absurd questions, and later on he upholds American as compared to foreign proprietary products. His journal has a "go" about it that is very attractive and deserves success. It is one dollar a year.

